

Oral Hygiene

VOL. 35, NO. 9

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Picture of the Month	1521
Victor H. Sears Reports on Dental Progress in Latin America	1522
Proposals for Mass Production Dentistry Explained.	
..... <i>John Oppie McCall, D.D.S.</i>	1527
A Michigan Dentist Turns Ornithologist	
..... <i>William J. Duchaine</i>	1530
What Dentists Should Know About G.I. Business Loans	
..... <i>Harold J. Ashe</i>	1534
Letter From Burma	1539
A Practical Retirement Plan for the Dentist	
..... <i>Arthur Elfenbaum, D.D.S.</i>	1542
"Musings of an 'Engineer-Doctor'"	
..... <i>Arthur B. Berresford, E.E., M.D.</i>	1551

DEPARTMENTS:		Military News	1556
The Publisher's Corner	1490	Editorial Comment	1558
So You Know Something		Technique of the Month	1560
About Dentistry!	1533	Ask Oral Hygiene	1562
Dentists in the News	1541	Laffodontia	1566

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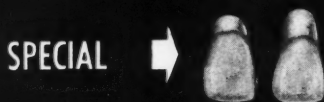
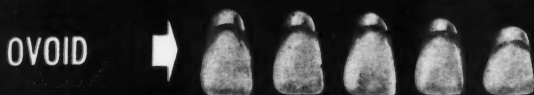
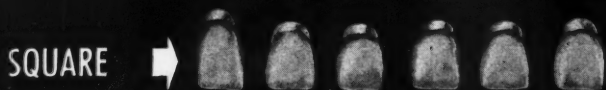
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FORMS

6 SQUARE	20
8 TAPERING	30
5 OVOID	15
2 SPECIAL	3

21

3 SHORT BITE	3
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71

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Comprehensive
System of Artificial
Teeth ever De-
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Our Beautifully Illustrated Mould and Dimension Chart Will be Sent FREE On Request.

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Picture of the Month



AMERICAN soldiers in Berlin find most street signs confusing because they are usually in German or Russian, but there is no mistaking the sign pointing to the American Dental Clinic. Here a German policeman gives directions to Corporal Edward Luckow of Chicago.—*International News Photograph.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



Before Brazilian dentists in São Paulo, Doctor Sears lectures on prosthesis.

VICTOR H. SEARS REPORTS ON DENTAL PROGRESS IN LATIN AMERICA

AFTER GIVING lectures and clinics in twelve Latin American countries¹ over a period of sixteen weeks, Doctor Victor H. Sears has returned to the United States. His firsthand observations on dental developments in these American republics are of importance to all dentists who are interested in knowing more about their Latin American colleagues.

Doctor Sears went to South America this year as a representative of the American Dental Asso-

ciation, appointed by the International Relations Committee of which Lieutenant Commander Daniel F. Lynch (DC) USNR is Chairman. Before taking the trip Doctor Sears prepared himself by studying Spanish. The South American dental journals in reporting on Doctor Sears' lectures expressed great appreciation and satisfaction over having the classes conducted in clear and concise Spanish.

His itinerary was arranged with the cooperation of the State Department and consular officials in the various countries. In every city Doctor Sears was met by a

¹Doctor Sears conducted twenty classes for dentists and three for dental technicians in the following countries: Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Guatemala, Mexico, Panama, Peru, Uruguay, and Venezuela.

In four months' trip dentist finds modern dental schools, advanced dental legislation, and professional equality for women.

special reception committee and the large daily newspapers reported the details of his trip in the interests of dental education. Thus dentistry attained a front-page prominence in the day's news that it seldom achieves in the United States. One of the accompanying photographs shows Doctor Sears arriving at the airport in Rio de Janeiro where he was met by members of the Brazilian Dental Association. His entire tour of South America was made by air.

Interviewed in Chicago, Doctor Sears reported that everywhere he went in Latin America he found an intense interest in dental progress; particularly in everything connected with dentistry in the United States. This represents an important trend away from European influence, more marked since the beginning of the war. He met many dentists who are studying English enthusiastically with a

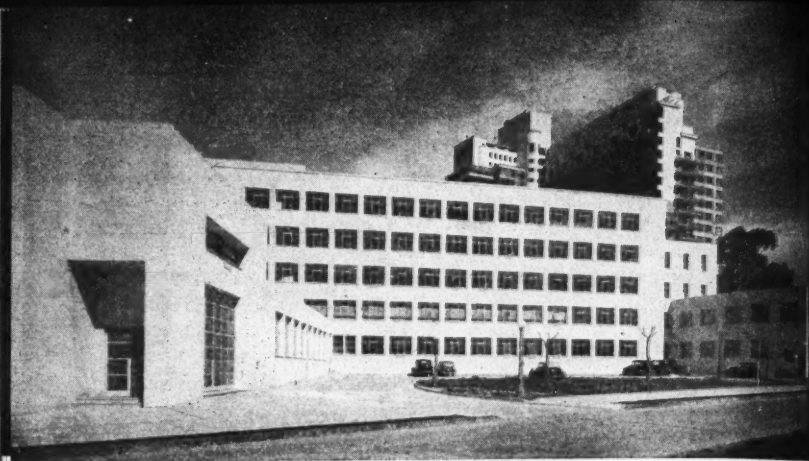
view to visiting this country to become better acquainted with North American dentists. He believes that the dental profession in this country should be prepared for an influx of Latin American visitors and students as soon as travel restrictions are removed.

Doctor Sears was impressed by the fact that the many Latin American dentists who are returning to their countries with degrees from dental colleges in the United States or have taken postgraduate courses in this country are having an excellent influence on dental progress in all of the Americas. The interchange of professional ideas in all countries, he believes, should be encouraged as much as possible.

In the matter of dental schools,

Victor H. Sears, D.D.S., arriving at the airport in Rio de Janeiro, is met by officials of the Brazilian Dental Association.





In this modern structure, the Dental School of the University of Montevideo in Uruguay, Doctor Sears found many modern teaching exhibits.

Doctor Sears noted that Argentina, Uruguay, and Cuba have modern structures that outclass the average dental school in this country. He learned also that dental legislation in some respects is more advanced than ours, and that in several of the Latin American countries women form a substantial part of the profession.

Equipment Inferior

Because he believes there is a close relation between dental equipment and adequate dental service, Doctor Sears observed the type of dental facilities in use in dental schools, in private offices, and in clinics.

"I found that there is much need for better dental equipment," he said. "In many dental offices as well as in dental colleges I noticed that the apparatus for prosthesis was entirely inadequate. There is

no doubt that equipment and materials made in the United States are highly esteemed but, unfortunately, there seems to be a lack of balanced buying. I met dentists who have spent thousands of dollars for American photographic supplies, radios, refrigerators, and automobiles. Some of these same men have hardly a hundred dollars' worth of equipment in their dental laboratories. Future progress in dentistry in Latin America demands an emphasis on better equipment.

"In Buenos Aires where I gave lectures and clinics for a month I was much impressed by the *Facultad de Odontología*, the dental school of the University of Buenos Aires. It is located in a sixteen-story building, modern in every particular, beautifully lighted, completely air-conditioned.

"This school has a large de-

partment for training dental technicians who receive instruction from the same faculty members as the dental students. This, in my opinion, is the best way to train dental technicians to the professional way of thinking and *should be adopted in this country.*"

Independence for Dentistry

According to Doctor Sears, many of the dental schools of South America are dominated by the medical faculties but gradually they are gaining their independence. Wherever dentists have been freed from this domination, dental schools and practice have improved. "This," he said, "was particularly noticeable in Uruguay where the Dental School of the University of Uruguay has finally won its independence after years of effort toward this end. Another indication of modern ideas is the large number of women dentists. In Santiago, Chile, for example, about 90 per cent of the dentists employed in the Public Health Service are women.

"Argentine dentists are still under the control of medicine, but in Brazil even the members of the medical profession agree that dentistry should be independent."

Uruguay has the most liberal system of dental education of any country visited by Doctor Sears. Any student, whether he is Uruguayan or from any one of the American republics, including the United States, may attend the Dental School of the University of

Montevideo without charge. This modern, tuition-free school, shown with this article, has been financed by the government lottery of Uruguay.

In Caracas, Venezuela, Doctor Sears saw elaborate plans which have been drawn up for the new University City. The part now under construction comprising the dental school and hospital will cost \$10,000,000.

"Venezuela," he said, "has the largest per capita budget of any Latin American country and officials are using much of the tax income to build fine hospitals, dental schools, and clinics. The dental profession seems especially well organized in Venezuela because of a law which makes it mandatory for every dentist to belong to the national dental association and carry on his practice under the supervision of the ethics committee. There is a similar law in Cuba. In both countries the profession seems to approve of the idea, which is similar to the setup of associations for lawyers in many states in this country.

"In Guatemala City I liked the cleanliness everywhere, and I found the dentists alert, progressive, and eager to learn about dental procedures we use in the United States. I enjoyed a visit with Doctor José Joaquín Jiménez, President of the National University of Costa Rica, who is a dentist.² We were able to conduct the classes in

²Dentist Named President of University, ORAL HYGIENE 34:1111 (July) 1944.

his fine, new dental school in San José which is ready to open except for lack of equipment.

"The dental school I visited in Mexico City was antiquated and lacked centralized authority. Dentists reported conflicts and contradictions in the methods of instruction followed by different members of the faculty. One of the great weaknesses of the system of dental education here, as well as in some of the other countries, is that professors are so poorly paid that most of them can afford to teach only as an avocation.

"Members of the teaching staffs complain of a lack of discipline in many of the dental schools. They report in some countries a lack of respect for property, resulting in carelessness in handling equipment and frequently outright vandalism. In some of the finest schools the students have too much freedom. When they dislike something said or done by a faculty member, they strike and usually have their way. There was at least one recent instance where the stu-

dents of a dental school went on a strike and held out, until the Dean of the school was forced to resign. This would never be permitted in the United States."

In all the countries of Latin America which he visited, Doctor Sears said the dentist is regarded with great respect. His opinions are even considered important in matters outside of his profession. "The fact that most dentists are sympathetic to the United States is," he pointed out, "a most significant point to remember in all of our future relations with these countries. Our responsibility, as dentists, for friendship with the people in every one of these republics, should be taken seriously. I recommend that any dentist who is going to Latin America to give instruction prepare himself for teaching by studying Spanish or Portuguese. He ought to remember that, when he goes to South America, he is not representing himself but all American dentistry and he should conduct himself accordingly."

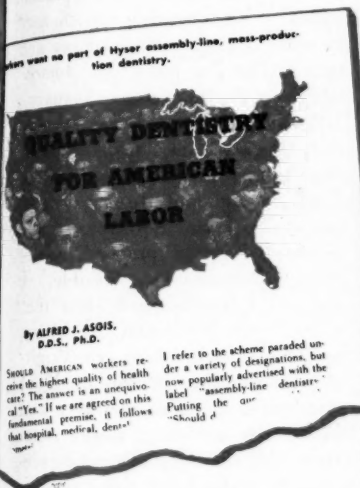
A PHYSICIAN SAYS

I HAVE found dentists to be a hard-working, honest, well-meaning group, ready and willing to cooperate with physicians. They are entitled to do their own diagnosing. The physician who attempts to dictate to the dentist is treading on thin ice, since he was not given even a smattering of dental knowledge in medical school.—James M. Fraser, M.D., *Medical Economics*.

PROPOSALS

FOR MASS PRODUCTION DENTISTRY EXPLAINED

John Oppie McCall, D.D.S., answers criticism of McCall-Hyser plan for wider distribution of dental care.



Weiss which appeared in ORAL HYGIENE of February, 1945, but from a conference with Doctor Hyser, from other publications, and also from releases that have been sent to him.

Rather than attempt to answer Doctor Asgis point by point, I will answer his main contention regarding the quality of dental care to be attained by our proposed program, and then state as simply as I can what we plan to do.

Quality has been a fundamental concept of both Doctor Hyser and myself from the beginning. I realize that good quality does not come just because one claims it. We propose to provide the quality of dental service in our plan by supervision, the only way quality can be assured in any public or voluntary dental program. A committee of the First District Dental Society of New York, while rejecting the Hyser plan, admitted that

IN THE INTEREST of accuracy and clarification, I should like to reply to the article by Doctor Alfred J. Asgis published in ORAL HYGIENE in July, 1945 under the title QUALITY DENTISTRY FOR AMERICAN LABOR.

I am at a loss to account for the fantastic confusion and misinterpretation regarding the proposals of Doctor Hyser and myself as evidenced in this article. Doctor Asgis has learned of our plans not only from the article by Myron

"the supervision of work would be of definite advantage in such a clinic, for it would insure the maintenance of high work standards," as quoted by Mr. Weiss. Doctor Asgis evidently overlooked this statement which appeared not only in ORAL HYGIENE but in *The New York Journal of Dentistry*, organ of the First District Dental Society of which he is a member. If Doctor Hyser and I were planning a sub-standard, low-quality dental service, is it conceivable that Doctors Alfred Walker, Peter J. Brekhuis, Olin Kirkland, and many other equally prominent dentists, would lend their names to the movement as sponsors?

Doctor Hyser and I propose:

1. To establish a group practice clinic as a pilot plant which, when methods are tested and perfected, will provide a blueprint for dental clinics to serve eventually the 80 per cent of the population now receiving minimal or no dental care.

2. To establish the pilot clinic as a department of a university and an affiliate of a teaching hospital so that it may serve as a basis for clinical research leading to establishment of effective measures for prevention and may point to advances in dental education.

3. To provide immediate employment for the thousands of dental officers returning from Service who will at the end of the war have no practices.

Here are things we do *not* propose as part of the present plan:

1. Dental mechanics will not

practice prosthetic or any other intra-oral dentistry.

2. There will be no "attempt to flood the dental field with unqualified persons."

3. Dental hygienists will not practice operative dentistry.

Items 1 and 3 refer to proposals which I have made, not Doctor Hyser. Careful reading of my article in *The Journal of the American Dental Association*, January, 1944, introducing this subject will make it clear that I propose these innovations only for the future. They do not apply to the present proposals. I am, however, a proponent of group practice, something immediately feasible. I thought I had made it clear that when, and if, dental hygienists and dental technicians are permitted to practice in the fields of children's operative dentistry and prosthetic dentistry, respectively, they will be specially and adequately trained for the duties to which they will be assigned.

Doctor Asgis has completely misconceived the salary proposals of Doctor Hyser. It is *not* proposed that the highly trained dentist and the technician with but little training shall receive the same salary. The \$3000 figure mentioned is an average. Each member of the staff would be paid according to his ability and training. Final figures will have to be worked out on a basis of experience. There is no intention to debase dentistry either on the monetary side or on the side of quality.

PRIZE WINNING STORIES REPORT

ON DENTAL LIFE

DENTAL WRITERS have won more than \$3000 in the monthly ORAL HYGIENE contest in which the author who submits the best story each month receives a \$100 award.

Among the prize winning stories, we have published reports about dental officers who have become war heroes; the story of a dentist to circus animals; an odyssey of a dentist who traveled through the waters of Alaska giving dental service to the natives; the story of the only armless woman dentist; personalized account of Guido Fischer and local anesthesia; a dentist's advice to colleagues who are working too hard; the personal experiences of a dentist-explorer in the jungles of South America; and the story of a dental officer who was rescued from a Japanese prison camp.

Your own story may be just as interesting as any of those you have read in ORAL HYGIENE. And you are the only one who can tell it!

If you don't have a gift for storytelling you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

1. Your article must have a dental angle.
2. Set down your ideas in simple, direct, forceful language without literary flourishes.
3. All manuscripts must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Send your story now! You may be the winner of the next \$100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Karl D. Christofferson, D.D.S., on duty in Blaney Park.



DOCTOR KARL Christofferson, for many years a dentist at Sault Ste. Marie, Michigan, finds contentment and relaxation in the full-time pursuit of his lifelong hobby—the study of birds. He is now the resident ornithologist at Blaney Park, the unique 33,000-acre recreational playground established in the eastern part of the Upper Peninsula of Michigan by a lumbering company after the timber gave out.

A MICHIGAN DENTIST TURNS ORNITHOLOGIST

By WILLIAM J. DUCHAINE

Birds, deer, and other wild life are the natural attractions that thrill the hundreds of tourists who visit Blaney Park annually. In the summertime, particularly, Doctor Christofferson is kept busy answering their questions about the habits and other interesting activities of the native birds and animals. Biology classes of schools and colleges come to Blaney Park on field trips to gain the knowledge acquired by the veteran dentist in years of observation in the outdoors.

Doctor Christofferson was born in Stevens Point, Wisconsin. He received his degree in dentistry

Karl Christofferson, D.D.S., devotes his retirement to the study of birds.

from the Indiana Dental College in Indianapolis in 1899, and opened an office shortly thereafter in Sault Ste. Marie, through whose famous locks during the navigation season pass millions of tons of iron ore, grain, and other commodities important to the war effort.

Doctor Christofferson was active in city affairs in Sault Ste. Marie for many years, and from 1912 to 1928 served as a member of the Public Library Board. His spare time, however, he devoted to a study of bird life. For years, he has been a member of the Michigan Audubon Society. First public recognition in the field of wild life management was given him during Governor Fred W. Green's administration when he was appointed Superintendent of Munuscong Game Refuge.

In 1931, Doctor Christofferson was prevailed upon by the Earle brothers, well-known Upper Michigan lumbermen, to assist them in their novel experiment of transforming the "ghost town" of Blaney into a year-round resort. Blaney Park is more than a resort, however, for on the 33,000 acres of cutover land the Earles are testing out their own ideas about conservation, reforestation, and wild life management. Doctor Christofferson now lives in a rustic cabin on the shore of Teal Lake—the ideal

setting he used to dream about.

Bird Banding

Since his coming to Blaney, he has devoted much of his time to the banding of birds and ducks for the U. S. Fish and Wild Life Service. He has trapped and banded more than two hundred different species.

Some of the birds he has banded have been reported as far south as Mexico and South America and as far north as Labrador and Alaska. Some birds migrate east and west, the ornithologist reports. One of these is the evening grosbeak, which he claims is distinctively native to Upper Michigan. It was first known to science when an Indian youth brought a specimen to Henry Rowe Schoolcraft, Indian Commissioner at Sault Ste. Marie, in January, 1823, one and a quarter centuries ago. The bird was later noticed in New York in winter and in Michigan and Wisconsin in the summer.

Among the menaces to bird life, Doctor Christofferson tells of ducks caught in traps set for muskrats, many birds killed by being run down by, or flying against, speeding automobiles, and others killed by running into electric wires. The Blaney ornithologist ranks as a great menace to bird life the opening of so many roads in the Upper Peninsula with hunt-

ers penetrating to hitherto natural bird refuges.

Oddly enough there are some lighthouses that are responsible for a high bird mortality. In one instance, after a fog had lifted, some 500 birds were found dead at the base of a Great Lakes lighthouse, Doctor Christofferson recalls. They had killed themselves striking the light, or had circled around and around until they dropped exhausted.

Contrary to popular belief, the hawks and owls, in the Blaney bird man's opinion, are not much of a menace to birds. Their ranks have been so reduced that they are becoming comparatively rare in the region; so much so that Doctor Christofferson makes a plea for protection for hawks and owls so as to strike a balance in Nature that is being upset. Since war has been made on hawks and owls, the squirrels, chipmunks, and mice have increased out of all proportions. He points out that Pennsylvania some years ago set aside a whole mountain as a hawk and owl refuge.

Many birds lose their lives be-

cause sleet storms sometimes shut off for three or more days the supply of insects on trees, and chance snowfalls in May, when the birds come north, deprive them of food, too, always resulting in the death of many birds. Doctor Christofferson makes a plea that during such unpredictable emergencies, bird lovers provide feeding tables.

Crows, mink, weasels, and red squirrels should be listed as bird enemies. Outstanding as a menace to bird life in Upper Michigan are European starlings that have come in numbers in recent years, according to Doctor Christofferson. They take possession of nesting sites of such birds as chickadees, woodpeckers, bluebirds, wrens, and flickers, and drive those birds out.

The average person does not realize the fascination of bird study until he talks with an enthusiast like the Blaney ornithologist. When he practiced, Doctor Christofferson used to make the patients forget their toothaches with interesting stories about the birds.

1305 Eighth Avenue South
Escanaba, Michigan

VETERANS ADMINISTRATION DENTAL CHIEF DIES

DOCTOR Lloyd Y. Beers, who for the last twenty years has been Chief of the Dental Division of the Veterans Administration, died July eleventh at his office in Washington, D. C. Burial was in Arlington National Cemetery.

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So You Know Something About Dentistry!

QUIZ XII

- Which of the following diseases cause whitish oral lesions, (a) leucoplakia, (b) lichen planus, (c) tuberculous ulcer, (d) thrush, (e) second stage of syphilis (mucous patch)?
- True or false? "Retarded eruption is by far more frequent than accelerated eruption, and may have a local or systemic etiology."
- Which of the following normal dental structures are radiopaque (white in the x-ray), (a) enamel, (b) dentine, (c) pulp, (d) alveolar bone, (e) periodontal membrane?
- Which salivary gland is the largest?
- Eugenol is the essential chemical component of (a) oil of cloves, (b) oil of cinnamon, (c) oil of eucalyptus?
- The teeth most often embedded in the lower jaw are (a) bicuspids, (b) cuspids, (c) third molars, (d) first molars?
- How many teeth are in the process of development in the jaws at birth?
- Which of the following numbers refers to a round bur, (a) 1, (b) 33 $\frac{1}{2}$, (c) 56?
- What are small nodules of enamel in the roots of teeth called?
- The average bite of a patient on a fixed bridge is (a) 48 to 55 pounds, (b) 104 pounds, (c) 124 pounds?

FOR CORRECT ANSWERS SEE PAGE 1555

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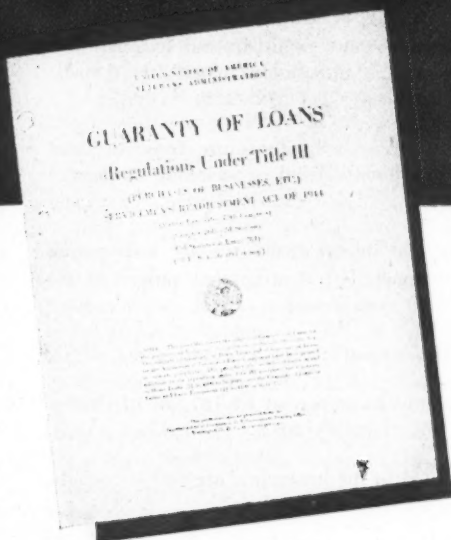
So You Know Something About Dentistry!

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FOR CORRECT ANSWERS SEE PAGE 1555

WHAT DENTISTS SHOULD KNOW ABOUT G. I. BUSINESS LOANS



By **HAROLD J. ASHE**

**The returning dentist
may find aid in gov-
ernment - guaranteed
loans.**

WITH THE passage of the Servicemen's Readjustment Act (Public Law 346, 78th Congress), at least a partial answer has been given to dentists in the armed services who have been asking themselves: "How am I going to re-establish my old practice or start a new one?"

Title III of the Act makes provision for government-guaranteed loans to veterans provided they are able to meet the loan conditions.

Contrary to popular belief, the government does not directly make loans to qualified veterans, but merely guarantees a certain part of each loan made by private lending agencies.

Who is Eligible?

All veterans who have served in the armed forces of the United States since September 16, 1940, and prior to termination of the present war, discharged under

conditions other than dishonorable after ninety days or more of active service, are eligible. Those discharged for injury or disability incurred in the line of duty, even though they have had less than ninety days of service, are also eligible. Application must be made within two years after discharge or two years after war's end, whichever is the later date, but in no event later than five years after the end of the war. Both sexes are eligible.

How Loans are Made

The Veterans Administration is authorized to guarantee 50 per cent of any loan up to a guarantee of not more than \$2,000. This does not restrict a loan to \$4,000, however. A lender may lend any amount, but the guarantee may not exceed the \$2,000 ceiling.

Loans may be made through regular banking channels, building and loan associations or finance companies, insurance corporations, or private individuals, even veterans' friends or relatives. Government-guaranteed loans may not bear interest in excess of 4 per cent.

The first year's interest on that part of the loan guaranteed by the government will be paid by the Administration.

How Lenders Operate

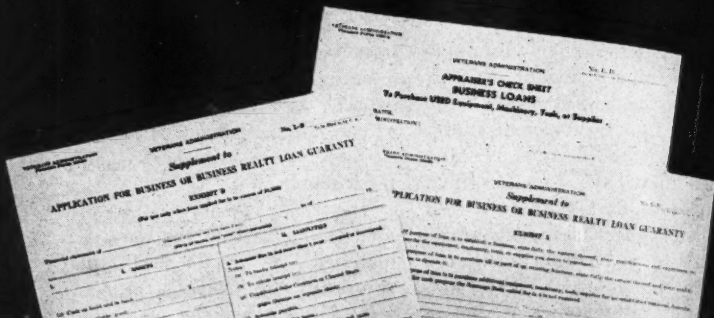
The first hurdle the veteran must make in floating a loan is to convince the lending agency that he is a good loan risk. The agency

is under no obligation to grant a loan that is not sound, and may be expected to scrutinize applications as carefully as it would non-veteran applications—if more sympathetically.

The lender not only will wish to assure himself that the dentist is qualified to practice, but may scrutinize the dentist's proposed location, whether the community is oversupplied with established dentists, the character of potential patients and their ability to pay, the amount of the dentist's overhead. This last might jeopardize his chances of meeting the loan obligation. Still another concern will be the question of personal funds on which the borrower has to live while rebuilding a practice. No loan or any part of it may be used for this purpose.

Unemployment Funds

Another part of the Act provides that professional men may draw unemployment funds up to \$100 a month during months when their earnings drop below \$100, in an amount sufficient to bring these earnings up to \$100, for varying lengths of time depending upon the veteran's length of service. The less said about this to the lender, the better. He knows about it anyway and will not be greatly impressed by \$100 a month as a source for living expenses, as well as a source from which to retire a loan. The veteran should try to forearm himself with additional sources of income or savings as



evidence that he can meet loan obligations.

Dentists starting practice for the first time might consider the advisability of buying a going practice. This would go far toward providing funds to service a loan.

If the lender approves a loan, he then forwards the application to the nearest Veterans Administration office. This agency checks the veteran's eligibility and examines the application as to risk. If approved, the Administration will issue a loan guaranty certificate and send it to the lender who will complete the loan.

Loans Guaranteed

Loans may be guaranteed for the purchase of any business, land, buildings, supplies, equipment, machinery or tools, to be used by an applicant in a gainful occupation, if the Administration finds that (a) the loan will be used in the bona fide pursuit of such gainful occupation; (b) such property will be useful in and reasonably necessary for the efficient and successful pursuit of such gainful oc-

cupation; (c) the ability and experience of the veteran indicate that there is a reasonable likelihood that he will be successful; (d) the purchase price does not exceed the reasonable value; and (e) the loan appears practicable.

Government-guaranteed business loans may be made for one or more of the following purposes: (a) loans for the acquisition of an existing business; (b) loans for the purchase of equipment, machinery, or tools; (c) loans for the purchase of supplies; and (d) loans for the purchase of business realty. No loans can be made for inventory, stock or working capital.

Buying a Business

In buying an already established business, loans will be approved only if the veteran is going to participate actively in the management and direction of the business. Such a business may be operated as an individual proprietorship or as a partnership.

In the purchase of an existing business, good will must be trans-

ferred. Usually bills of sale will forbid the seller from engaging in a like business within a stated period of time or within a geographical territory agreed upon between the buyer and seller.

While the Act does not provide for loans covering inventory, stock or working capital, a loan for the purchase of an existing business would cover all assets, not only inventory but working capital. However, loans for the acquisition of additional inventory or for other working capital are not eligible for guaranty.

The ultimate maturity of loans for the purchase of existing businesses may not exceed five years.

Equipment

An outright purchase of equipment, machinery or tools, may be made with loans maturing within three years. For loans to make down payments, not to exceed one-third of the purchase price, loans up to \$1,000 are authorized. If a loan is for \$500 or less, maturity is one year; if over \$500, two years. Full purchase price loans are not limited to these amounts.

Loans for the purchase of supplies may not exceed \$1,000 and mature in not over one year.

Loans may be made for the purchase of business real estate, land or buildings, to be used in pursuing a gainful occupation.

Loans must be amortized, principal and interest, within not more than twenty years.

Generally, loans will be secured by first liens. Supplies, being expendable, may be unsecured.

Loan applications must be accompanied by an appraisal of the property which the veteran proposes purchasing. If the purchase price is greatly in excess of the appraised value, the loan application will be rejected.

Two or more veterans may go into partnership either to open a new office or to buy an existing practice. Each veteran will be held responsible for his share of the loan, not jointly.

Where the borrower defaults on his loan, the government reserves the right to proceed against the veteran for collection. The Veterans Administrator may, however, waive collection.

The Act provides that, if any bonus or adjusted compensation bill is passed, the defaulted government-guaranteed loan may be satisfied with money due the veteran from such a bonus.

304 South Broadway
Los Angeles (13)

Editor's Note: Since this article was written the House of Representatives has passed and sent to the Senate an amended G. I. Bill of Rights revising loan and other provisions.

LETTER

FROM BURMA

This letter from the Burma-India Theater gives an interesting description of the life of a dental officer and of the dental installations in an Army General Hospital located along the Ledo Road in Burma. The letter was written to the editor of ORAL HYGIENE by Lieutenant Colonel Kenneth R. Cofield (DC) who, before his assignment to duty overseas, was liaison officer to the American Dental Association.

Along the Ledo Road

With the advent of war, you started publishing letters and stories of men in the Service. These have been read and talked about in many places, even out here in Burma where ORAL HYGIENE comes regularly.

I am here as Chief of the Dental Service in a general hospital located in Burma along the Irrawaddy River, the one Kipling wrote about. Large, clear, and ice cold, it runs down from the mountains of Tibet. It furnishes us a grand place to bathe and cool off. In these Burma jungles the temperature is well over a 100 degrees for days and days, with the humi-

dity about as high as it can go. It is a welcome relief to have the river close by. Going in Lake Michigan is like taking a hot shower in comparison.

Our hospital was built to take care of American troops in this part of the theater and we are doing exactly that. A fine commanding officer and staff of Medical Department officers and well-trained enlisted men, all working in harmony, make the job easy.

The physical setup is about like a cantonment type of hospital in the States. The topography of the ground made it possible to arrange administration, clinic, laboratory buildings, and surgery in the center of a mile square with the wards all around.

The bulldozers are finished, the engineers have gone, and grass is now growing on what, not so long ago, was a battlefield but now is the site of an American General Hospital.

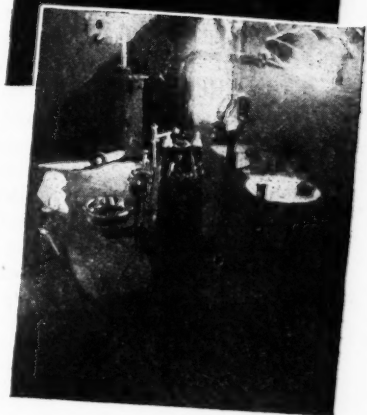
On my staff I have five dentists besides myself—from Iowa, Florida, Kansas, Maryland, New York, and Indiana.

The building that houses our clinic was designed and erected

Lieutenant Colonel Kenneth R. Cofield (DC) describes an Army dental clinic in the jungles.

especially for a dental clinic. Each operator has his own room and an enlisted assistant. The laboratory is large and I have four well-qualified technicians. Our equipment and supplies are adequate. Five of our outfits are, of course, field type, augmented by electric engines and wall-type lights. Our show place is the surgery. We have installed a fine dental unit complete in every detail, an x-ray unit and our own dark room. Out here in the jungles, believe me, this equipment is really beautiful to see. It's Exhibit A when we have visiting celebrities. There is nothing in dentistry that we can't do in our clinic. We are equipped, and supplies are available, to construct any type of fixed or removable bridge, gold inlays, jacket crowns, not to mention the ordinary routine of any dental practice.

While I am on the subject of type of service rendered, I think it would be well if I said an honest word of appreciation about the high type dental laboratories of America. The excellent training of their technicians and their splendid cooperation in helping



Top—Lieutenant Colonel Kenneth R. Cofield (DC).

Center—Office of Chinese Dentist not far away.

Bottom—View of surgery.

to make technicians available to the armed forces has, in my opinion, helped make our big job much easier.

It was my privilege to see and be a part of the Armed Forces dental service in the States for a long time, and to see and know how well it functioned. I now have the special privilege of seeing men of our profession function out here where the going is a little tough. I've talked to dentists on my trip halfway around the world, in many different places. I've

heard their stories, I've seen them work, I've heard their crabbing (a soldier's prerogative). After seeing them and hearing it all, I can truthfully say that dentistry has and is making one of the outstanding contributions to the war effort.

To the people who have been responsible for securing adequate personnel, the staggering job of finding and distributing dental supplies and equipment, I say a job well done.

DENTAL ASSISTANT IDENTIFIES HITLER'S TEETH

AN OLD-FASHIONED "window crown" and lower and upper partial dentures with distinctive traits, which she recognized as Adolph Hitler's, were identified recently by Mrs. Kaete Haeusermann, dental assistant to Doctor Hugo Blaschke who was Hitler's dentist. Doctor Blaschke was a graduate of the University of Pennsylvania and was a member of the Nazi party for years.

Mrs. Haeusermann was summoned by the Russians to identify bridges on jawbones with teeth attached to them. Because of her assertion that the teeth and partial dentures of Hitler and Eva Braun were among those shown to her, she is one of the strongest witnesses to support the claim that Hitler is dead. She was often present when Hitler and Eva Braun received dental service and she stated that she could not be mistaken in identifying their teeth and dentures.

Hitler had special dental offices equipped both in the underground shelters of the chancellery in Berlin and in the shelters in the rock under his Berghof retreat. Mrs. Haeusermann spent months in both places as dental assistant. During the last days of the battle of Berlin, she was in the underground shelters of the chancellery. While there Nazis told her that Hitler and Eva Braun committed suicide together on April thirtieth.

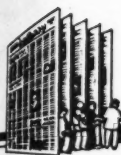
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Dentists in the News

New York (New York) Times: Announcement of the election of Doctor Frederick H. Brophy to a four-year term as alumni member of the New York University Council, the governing board of the institution, was made recently by Harry Woodburn Chase, University chancellor. Doctor Brophy is chairman of the First District Dental Society's Committee on Dental Education of the Military Affairs Committee. He was graduated from New York University College of Dentistry in 1916 and served in the Army Dental Corps during World War I.

Honolulu (Hawaii) Advertiser: Hitch-hiking around the combat areas of the Western Pacific, toting portable equipment, changing from ship to ship, and extracting teeth as he goes, is Lieutenant Harold J. Lowry (DC) of Cartersville, Georgia, who is the dental



officer for one of the Navy's twenty traveling dental teams. To perform this dental service, Lieutenant Lowry covers almost 100,000 miles a year in the forward Pacific area, taking with him 4,000 pounds of equipment, including a collapsible dental chair and apparatus and equipment sufficient to do all types of dental service.

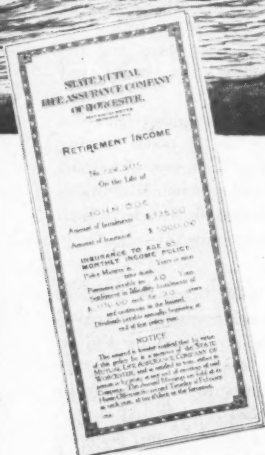
This Navy dental officer practices dentistry mainly aboard the ships of the vast Auxiliary Fleet which includes oilers, tankers, cargo vessels, floating drydocks, ammunition ships, or aboard any ship with a crew of under 500 men. Fighting ships from cruisers up have their own dentists aboard. Lieutenant Lowry sometimes sets up his "office" on one of the larger fleet ships and the crews of the smaller ships are received there.

As a result of the dental service given by the traveling dental teams moving from ship to ship, incidence of serious dental disease and systemic conditions resulting from dental diseases have been low in the Pacific area.

Columbus (Ohio) Dispatch: Because of its athletic achievements, the 1945 graduating class of Ohio State University College of Dentistry will never be forgotten by sports writers. Among its members were Les Horvath, All-American halfback; Johnny Lorms, National Collegiate golf champion; and Bob Kampfer, National Collegiate semi-finalist and member of the University's National Collegiate championship golf team. Both Horvath and Lorms are awaiting commissions in the Navy Dental Corps and expect to go into Service soon.

Les Horvath has been signed to play football with the Cleveland Rams of the National Professional Football League the first year he is available, so-
(Continued on page 1549)

A PRACTICAL RETIREMENT PLAN FOR THE DENTIST



By **ARTHUR ELFENBAUM, D.D.S.***

A suitable insurance program is outlined by a dentist for his professional colleagues.

IT IS NO exaggeration to say that the young dentist just entering practice should, on the first day he opens his office, give a thought to a plan for his retirement. It may be too late if he postpones it until the day when he feels that he has enough money to spare to finance it comfortably. He is entering a

profession in which everything depends on his own skill, personality, and resourcefulness. He must be sound in mind and body at all times to be counted a success, he must be perennially acceptable to his patients, his family and community, and he must be forever capable in giving service.

Yet, look at the record of his earnings. In 1941 the average net

*Crown and Bridge Department, College of Dentistry, University of Illinois, Chicago, Illinois.

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income for the year of all dentists who reported in a national survey was \$3,733. Men under 25 years of age netted about two thousand dollars. At 30 they made about three thousand dollars and at 35 they netted \$3,750. Between 40 and 45 they attained their maximum income of \$4,500. Then the net began to decline to \$3,500 at 50; to \$3,000 at 55; \$2,700 at 60; and to \$2,250 at 65. These figures are taken from a survey¹ made in 1942 by the United States Department of Commerce and the American Dental Association, and were reported with interesting graphic charts in ORAL HYGIENE for August and October, 1944.

I admit that the figures for the survey were compiled from replies received from only 13,489 men in the profession, representing 19.2 per cent of civilian dentists, and also that for the past three or four years the income of dentists has risen in proportion to the rise in the per capita earnings of the public and because of the number of dentists absorbed by the Army and Navy. But, let us not lose sight of the fact that in 1937, before we saw any evidence of the war in Europe, dentists earned about 37 per cent less than in 1941.

What now are the prospects for the postwar years? For how long after the war will the dental profession be able to count on the

continued increased earnings of the public? How are we to rearrange our lives to meet the depression if and when it comes? Economists admit that a depression may occur. They say it will probably not be as severe as the last one, but they do not commit themselves as to how soon it will come or how long it will last. We have no answers to these problems, but we would be criminally neglectful of our welfare as well as that of our families if we did not give consideration to arranging a financial program.

Not Under Social Security

Let us remember that the dentist is in a profession which is not at present included in the government's Social Security Plan; that if he does not provide for his own retirement plan for his old age, no one else will; and that when his office is closed by choice or compulsion, his income ceases. Dentists are in an exacting profession; they are in their physical decline professionally at an age when, in other fields, men are at their best. Their problem of providing for their families and for their old age consequently presents a somewhat different aspect.

We shall take as an example the average young man who is 25 years of age upon graduation and is yet unmarried. At 27 he marries, at 29 has a son, and at 32 a daughter. His plan is to retire at 60. If his income follows the pattern of the average income of the

¹Denison, E. F., *Incomes in Selected Professions*—Part 5—Dentistry; Survey of Current Business, United States Department of Commerce, April, 1944.

TABLE I

Age of Insured	Family Status	Net Annual Income	Policy Recommended	Annual Premium
25	Single	\$2,000	\$5,000 Twenty Year Term	\$ 5
27	Married	2,750	6,000 Family Income	16
29	Son born	3,000	2,000 Family Income	5
32	Daughter born	3,500	2,000 Family Income	6
35		3,750	4,000 Fifteen Year Term	5
40		4,500		15
45	Son now 16, daughter 14	4,750		17
47	Son is 18, goes to college or to work	4,250		
49		3,500		
51	Daughter is 19; son 22, if he went to college, he now graduates	3,000		
60	Both children are self- supporting	2,750		

survey, he should protect and provide for his family by purchasing life insurance. There are some three hundred life insurance companies in the United States, but the dentist should confine himself

to a few of the fifty or so that are licensed to do business in the State of New York, since that state exacts more rigid requirements than any other state.

On the day he opens his office

	Annual Premium	Total Annual Premium Outlay	Remarks
ar Term	\$ 57	\$ 57	Cannot afford much more in the first two years.
come	166	223	The wife must be protected now.
come	59	282	
come	63	345	Another responsibility, another policy.
ar Term	53	398	Note that this is the last policy purchased.
	157	555	Convert the \$5,000 Twenty Year Term to a Twenty Pay Life.
	175	730	Convert the \$4,000 Fifteen Year Term to a Fifteen Pay Life; maximum premium payments coincide with maximum income.
		699	Premium outlay less now because the \$6,000 Family Income bought at 27 is automatically reduced to Ordinary Life.
		688	Premium outlay further reduced because the \$2,000 Family Life bought at 29 is automatically reduced to Ordinary Life.
		676	Premium outlay further reduced because the \$2,000 Family Income bought at 32 is automatically reduced to Ordinary Life.
			The insured now has \$19,000 of insurance, consisting of \$10,000 Ordinary Life, \$5,000 Twenty Pay Life, and \$4,000 Fifteen Pay Life.

he should consult a reliable insurance agent or counselor, recommended to him by someone who has done business with this agent for some time. The agent should present a complete plan covering

the next forty years of the dentist's life, not just one policy with the idea that it is all the young man can afford to pay for now. The dentist who sees only a hole in a patient's tooth and plugs it

TABLE II**If the insured dies at 32, his family receives the following:**

\$168.00 monthly income for first year.....	\$ 2,016
118.00 monthly income for next fourteen years.....	19,824
79.84 monthly income for next two years.....	1,916
49.32 monthly income for next three years.....	1,775
37.12 monthly income for next twenty years and for life	8,909
Cash for cleanup	700
Emergency fund	700
Total	\$35,840

N. B.—In the seven years the insured had paid only a total of about \$1,750 in premiums, less the dividends he had received.

up without making a complete survey of the whole mouth and a recommendation for its continued maintenance, is not giving his patient proper service. The insurance man should not be guilty of the same misservice. With every change in the dentist's status the plan should be reviewed and, if necessary, altered. Such changes should be made when the insured marries, when a child is born, or just routinely every five years. Before taking an extended vacation that may involve hazardous trips, a review of the insurance portfolio is in order. An unusual increase in earnings or an inheritance may induce some changes in the insurance program, or a child reaching an age at which he is no longer dependent on his parents. At every change in the life situation the will

—an essential legal instrument—as well as the insurance portfolio should be rechecked. Naturally the plan cannot cover every contingency but it should be a flexible one, always under surveillance.

Suggests Tentative Plan

We submit a tentative plan with the understanding that any capable insurance counselor can successfully modify it. If physicians and dentists have the right to disagree in their diagnoses, let us grant the same privilege to the experts in the insurance business. In *Table I* we present a summary of a conservative portfolio for a man of 25 just beginning practice. It is the result of lengthy correspondence with the officials of several outstanding insurance companies and was summarized

TABLE III

If the insured dies at 45, his family receives the following:

\$157.50 monthly income for first year.....	\$ 1,890
107.50 monthly income for next year.....	1,290
69.34 monthly income for next two years.....	1,664
56.82 monthly income for next three years.....	2,045
44.62 monthly income for next three years.....	1,606
49.33 monthly income for next twenty years and for life	11,839
<i>Educational fund of \$4,000 to provide each child with \$43</i>	
<i>a month over four-year college period.....</i>	4,197
<i>Interest on educational fund.....</i>	420
<i>Cash for cleanup fund</i>	700
<i>Emergency fund</i>	700
<i>Total</i>	<i>\$26,351</i>

from many pages of figures by an expert counselor of recognized ability. It gives the insured the maximum of insurance protection for the minimum outlay in premiums.

At the age of 60 the insured has the option of retiring with an income from the insurance plan of \$50.59 a month from his policies and \$30.23 from his accumulated dividends, making a total of \$80.82. This income is paid for the life of the insured and twenty years certain, meaning that if he dies at any time before the twenty years, his wife will receive the same income for the balance of the time up to the expiration of the twenty-year period. At any

period during his lifetime the insured has the right to specify in what manner he wishes the proceeds of his investment to be paid. If he wishes the company to hold the proceeds of his insurance after his death (his family may have other funds), a definite rate of interest is stipulated and guaranteed by the company. He may request that the proceeds be paid monthly as long as the money lasts or he may provide for a monthly income for his lifetime with a guarantee that it will be paid for twenty years certain, whether the insured lives or not. Another option will make the proceeds payable over a stipulated length of time only.

Lists have been drawn up show-

ing exactly what the beneficiaries would receive if the insured should die at any age between 25 and 60, but to show how well the family is protected, we are presenting only two examples which are shown in *Tables II and III*.

Let us repeat that the recommendations made are subject to change and modification, but in order that the plan be not jeopardized, consideration should be given to other insurance plans such as health and accident, hospitalization, malpractice, fire, theft, and automobile liability, so that mishaps of various kinds do not impair the insured dentist's ability to continue payment of life insurance premiums. As one's insurance portfolio increases, the agent or agents can arrange for notices of premium payments to arrive each month, instead of too many of them accumulating at one time. Of course, there is always the "wise guy" who can calculate that if the same money that is put into life insurance be invested in something that he has in mind, one can do much better. While listening to his proposition a little thought should be given to one's dependents and to what would happen to them in case of the provider's death.

Throughout this discussion we have considered the average dentist earning an average income aiming for a meager and modest retirement plan. The plan as presented is about the minimum that any man can carry if he has the

welfare of his dependents at heart.

War Bond Purchases

Let us then say something about the better-than-average man. He may assume more insurance according to the additional amount he can afford to carry, or he may consider purchasing a home or a vacation spot in the country. Those who are interested in further financial security for their old age will do well to consider the purchase of War Bonds issued by the Treasury Department. For instance, a man who purchases a \$25 denomination bond at \$18.75 every month for twenty years and reinvests each bond purchased during the first ten years as it matures will, after twenty years, receive an average of \$58 a month for ten years; for forty years, about \$162 a month for ten years. Upon request, the Treasury Department, Washington, D. C., will mail a statement every month as a reminder to purchase whatever denomination of bond is selected. By filing this reminder, as well as the notices of insurance premium payments, with the statements received from supply houses and laboratories and paying them regularly every month, the subscriber will be astonished at the facility with which bonds accumulate. It may be safely assumed that War Bonds will become a permanent part of regular government financing.

A retirement plan should also consider what the dentist will do

after he retires, but that is too large a subject to present here. However, a word must be said about investments in real estate or stocks and bonds. Every dentist has at least one patient in his practice who is ready and willing to furnish a "hot tip," and allowance must be made for the gambling urge which is inherent in the make-up of most people. Our recommendation is that if one has some money that he can afford to lose—let us repeat, that he can af-

ford to lose—then let him gamble with it and get it out of his system; but under no circumstance must he endanger or even threaten his life insurance portfolio. Brokers' margins and real estate mortgages are to a considerable extent responsible for sending some dentists, who at one time rated high in the profession, to seek help from the Relief Fund of the American Dental Association.

4939 Bernard Street
Chicago, Illinois

ORAL HYGIENE AWARD

ARTHUR ELFENBAUM, D.D.S., has received this month's \$100 ORAL HYGIENE award for his article A PRACTICAL RETIREMENT PLAN FOR THE DENTIST, the best feature published in this issue.

DENTISTS IN THE NEWS

(Continued from page 1541)

cording to an announcement made by Charles F. Walsh, general manager of the team.

Reader's Digest: Doctor Henry W. Walden ended for Joseph Nathan Kane, author of the books FAMOUS FIRST FACTS and MORE FIRST FACTS, a three-year search for the name of the first man to have flown a monoplane. On a visit to his dentist, Mr. Kane said he would give an "eyetooth" to learn who had flown the first monoplane. "I'll take that 'eyetooth,' Mr. Kane," said Doctor Walden, "I piloted the first American monoplane on December 8, 1909." And he showed the clippings to prove this fact.

Nashville (Tennessee) Tennessean: Doctor J. W. Matthews of Nashville provides a unique diversion for the pa-

tients visiting his dental office. His lifelong hobby has been carving miniature sculptures. A collection of his carvings is on exhibit in his office.

Doctor Matthews' small figures, many of which he carves with dental instruments, are often less than an inch in size, but regardless of the size the detail work is perfect to the eye. They are made from such materials as plastic



composition, celluloid, mother of pearl, ivory from elephant or rhinoceros tusks, and even discarded toothbrush handles. He finds that elephants are easy to make from third molars in fif-

teen or twenty minutes. He says, "Since the roots are often twisted they automatically suggest the trunks without much effort. And the flat grinding part of the tooth becomes the legs and body of the animal."

Philadelphia (Pennsylvania) Jewish Exponent: Major Max Silverman (DC), who was wounded in action in Germany, has been awarded the Bronze

Star for meritorious service with the 13th Armored Division. As surgeon of reserve command, Major Silverman maintained personal contact with medical installations of combat units under his control. The citation stated that because of his untiring efforts and sound judgment and skill, problems of medical supply, evacuation, and treatment, were overcome.

This month's awards for items published in *DENTISTS IN THE NEWS* have been won by:

CAPTAIN LOUIS JACOBSON (DC), Dental Clinic, APO 455, c/o Postmaster, San Francisco.

HOMER C. BROWN, D.D.S., 504 Huntington Bank Building, Columbus, Ohio.

M. B. NEWMAN, D.D.S., 1410 Morris Avenue, Bronx 56, New York.

BENTON KUTLER, D.D.S., 544 South 25th Avenue, Omaha, Nebraska.

ELIZABETH WALKER, P. O. Box 1056, Nashville 2, Tennessee.

ROSALIE BINDER, 5237 North Fifth Street, Philadelphia 20.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

THE COVER

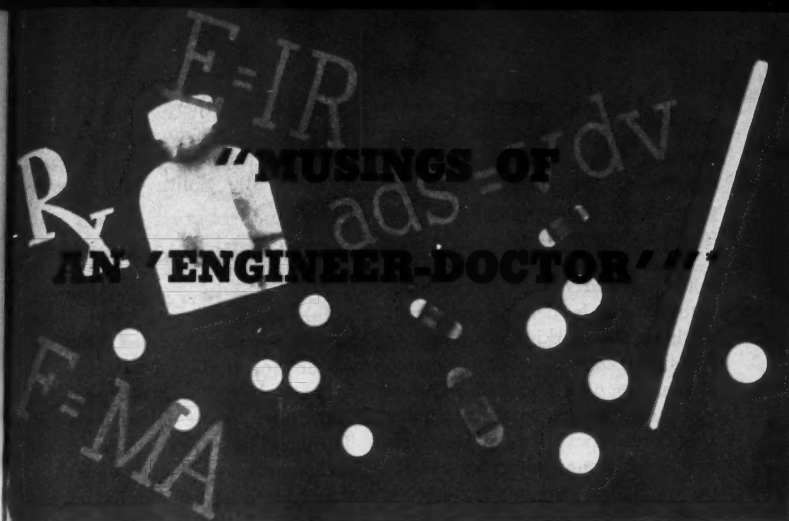
ORAL HYGIENE's cover this month publicizes the Honorable Service Emblem, at the request of the War Advertising Council, because "to millions of Americans, it means nothing. A man may have sacrificed an arm or a leg for the privilege of wearing the Emblem . . . yet many civilians will not even notice it in his lapel. Or they may mistake it for the badge of a social organization or a sports club. If these veterans are to have the respect and consideration they so richly deserve, that emblem should be as readily recognizable as the uniform they once wore."

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An "engineer-doctor" explains the differences in training and temperament between the engineer and the medical man.

**By ARTHUR B. BERRESFORD,
E.E., M.D.**

HAVING THE good fortune to have degrees in both engineering and medicine, I am frequently asked such questions as, "Does your engineering help you in your medical work?" "Do you like medicine better than engineering?" "What about these physicians? Are they as scientific as they claim to be?" "Why aren't physicians more progressive, especially in such things as socialized medicine?" and so on ad infinitum.

The practice of medicine is just about as different from the prac-

tice of engineering as the Wassermann test is from tube testing. They are two different worlds conducted by groups of people who are as far removed from each other as the North and South Poles. But why should this be so? Aren't they all scientists?

Let us take first the engineer, the man who is doing routine designing, not the inventor who has conceived of new realms for the application of engineering. How much of a scientist is he? He knows that $E=IR$ and that $F=MA$. Besides those two fundamentals, he has at hand to help him various handbooks, files, and pamphlets containing information about certain pieces of equipment,

*Excerpts from an article which appeared in the June, 1945 issue of *Electrical Engineering*.

much of this information entirely empirical. From this, and perhaps the formula $ads = vdv$, plus a smattering of mathematics, he goes ahead and designs his equipment. Is he a scientist?

Now let's take the physician—not the research man in the laboratory who is delving into new methods and working out new concepts of treatment—but *your* physician, the man you call in when your wife is sick, or the specialist who prescribes your glasses. He has as his armamentarium a stethoscope and a sphygmomanometer, a thermometer and an ophthalmoscope. He uses the scientific approach by first finding the cause of the trouble, but most of his diagnostic methods, while sometimes worked out initially on scientific grounds, are very like the engineer's formulas and handbook by the time they reach his hands. And treatment, in the last analysis, is largely empirical. He gives you some pills (he carries many which are quite entrancing in their variegated hues and shapes), and then he waits to see what will happen. Is he a scientist?

Neither your routine engineer nor your routine physician is a scientist. Both apply their knowledge of scientific principles as far as they will go, but neither is an Ohm or an Osler. It is the Ohms and the Oslers, the Langmuirs and the Landsteiners that are the scientists in engineering and medicine. Not Mr. Smith or Doctor Brown. Between Mr. Smith and

Doctor Brown there is a great difference. "Very good," you say. "But just what is this difference between Mr. Smith and Doctor Brown?"

Memory and Reason in Education

In engineering I had been taught something called "the scientific approach." We found out for ourselves that E did equal IR and that it never failed to do so. Through other experiments and deductive reasoning we built from this a large part of the theory and practice of electrical engineering. But when I started to study pre-medical subjects, which certainly were scientific, I found myself in a terrible jam. There was no $E = IR$ to cling to. It became necessary to memorize, and it was very difficult for me. I needed my $E = IR$.

That is the big difference between the average engineer and the average physician. To the engineer everything is built on reason, with a lot of reference, but with a minimum of memory. The physician on the other hand relies largely on his memory and also uses a lot of reference, but can get along with a relatively small amount of reasoning.

Physicians Are Individualistic

It is a big step when a physician starts out in practice for himself. No longer is the protection of the institution available. From now on what happens depends only on him. To make the change from

institutionalization to private practice, self-reliance must be learned. Most engineers do not have to go through this process, or, if they do, it is a more gradual one.

So now we see the reason behind the second important trait of physicians. They become of necessity self-reliant. This leads quietly and unconsciously into an attitude of self-sufficiency. And so is formed the greatest and most rugged group of rugged individualists in the country. Although the scientific background behind medicine is the same for all of them, no two physicians are anything alike. Not so the engineers. Some do become rugged individualists, but the majority probably do not. And what are the characteristics of these individualists? In the first place, they are usually ultraconservative in the sense that they do not want change. Second, they have difficulty in cooperating with members of the profession or outsiders, seeming at times to be quite irascible. Third, they are the absolute monarchs of their own domains and often act as though they owned the world as well.

The Professional Manner

My analysis of the physician's character would not be complete without considering another little physician trait which is obvious to everybody except, apparently, the physicians. This usually goes by the name of "professional manner." It is an attitude of hearty aloofness. There is, or rather was,

a reason for the physician's hearty aloofness. The need is vanishing now, because more and more diseases are being conquered by specific remedies. The physician of a generation ago did not want to be asked the question, "Why?"; because he did not know the answer and he was afraid to say "I don't know." He therefore had to hold himself aloof and adopt an all-knowing attitude to make patients do as he said without question. At the same time, he had to be a hail fellow well met, or he would not get patients. From these two conflicting emotions, you get the professional manner, the bedside manner, or whatever you choose to call it. The engineer does not have to struggle between these forces and so, in this respect, is a more normal individual than the physician. But physicians now are learning not to be afraid to say "I don't know."

The Sadistic Streak

I am not a psychiatrist and am not prepared to go into a learned discussion of the sanity of the physician. But certainly any man (or woman) who undertakes to study medicine and treat diseased human beings must perforce have an enlarged sadistic streak in him somewhere. Normal people do not like to come in contact with death. Normal people do not like to hack a dead body to pieces as must be done to learn anatomy. Of all the filthy jobs which must be done in this world, those of the physician

(and the nurse) are the filthiest. Perhaps if the physician foresaw this he would choose another profession. But I doubt it. I foresaw it, and virtually all medical students must.

I have tried to give you the differences in training and temperament between engineers and physicians and to show how and why these differences occur. Now that we have done that, let us see if we can answer some of the questions posed at the beginning of this article.

First, does my engineering knowledge help me in my medical work? Since I was not trained in memory, it was difficult for me to absorb such subjects as anatomy, which is virtually all memory. On the other hand, my knowledge of physics in general and electrical engineering in particular has been useful a few times. Most physicians are poor physicists. They have had elementary physics in college and none since. Occasionally they get into trouble because of a lack of appreciation of some fundamental physical principle. As an illustration, in medical school we once were instructed to read for anatomy a chapter in a well-known textbook entitled "The Mechanics of Muscle." The discussion was good, though lengthier than it needed to be (a characteristic of medical literature), showing the different types of levers and how they worked. The author carried his trigonometric discussion along nicely until the next to

last page when he made the unfortunate assumption that the sine of an angle plus its cosine was equal to unity, and his whole thesis came tumbling down with a terrific crash which left all his conclusions wrong. For the fun of it I looked back through old editions to find out how long the mistake had gone undetected. It was still present in an edition 20 years old. I did not go back beyond that. It is corrected now!

Are the physicians as scientific as they claim to be? Some are and some are not, but most of them are not. The background of medicine is science, and I have complete faith that scientific medicine some day will rid the world of most of its illness. The medical practitioner applies the scientific facts which the laboratory has shown him, but where the laboratory has not solved the problem, the "art" of medicine comes into play. And a great part of medicine remains an "art" today. By art of medicine we mean the hunches that a physician gets and uses and the hundreds of little things he can do to keep the patient comfortable and as happy as possible. A happy patient has a much better chance of a cure than an unhappy one, and much depends on the physician's ability to create and maintain this happiness.

Why are physicians not more progressive, especially in obtaining socialized medicine? There are innumerable reasons. First and

foremost, a physician is afraid of losing his work. He distrusts change because of his rugged individualism. He is mortally afraid of someone coming along—anyone, but in particular a politician—and telling him how to practice, because he knows he practices differently from every other physician and believes it is his right to do so. He is afraid of becoming ensnared in bureaucracy and red tape which will make him spend hours each day at his desk filling out and sending in reports when he should be out see-

ing patients or enjoying his fireside. He believes that no layman knows his problems; and he is right, for his problems differ from everyone else's. You will not find a physician who is worthy of the name, and the vast majority are, who will not welcome any reform which will give better medicine to more persons. The majority of physicians are in favor of hospitalization and health insurance. But just bring the name of a state or the Federal Government into it and he will shy off every time.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ XII

(See page 1533 for questions)

1. All. (Thoma, K. H.: Oral Diagnosis and Treatment Planning, 2nd Edition, Chapter 23)
2. True. (Orban, B.: Oral Histology and Embryology, Saunders, page 239)
3. (a) enamel, (b) dentine, and (d) alveolar bone.
4. Parotid gland.
5. (a) oil of cloves. (Accepted Dental Remedies, 10th Edition, American Dental Association, page 123)
6. (c) third molars. (Kronfeld, Rudolf: Histopathology of the

Teeth and Surrounding Structures, Lea & Febiger, page 403)

7. Twenty deciduous teeth and twenty-four permanent teeth, a total of forty-four. (Bunting, R. W. and Hill, T. J.: Textbook of Oral Pathology, Lea & Febiger, page 34)
8. (a) 1.
9. Enamel pearls.
10. (a) 48 to 55 pounds. (Tylman, S. D.: Crown and Bridge Prosthesis, C. V. Mosby, page 163)



Military News

Revise G. I. Bill of Rights:

A measure passed recently by the House of Representatives and sent to the Senate for approval will liberalize various provisions of the G. I. Bill of Rights. With reference to the educational provisions the revised Bill extends from two to four years after discharge or termination of the war, whichever is later, the time in which a study course may be started. It extends from seven to nine years after the war's end the time in which education or training may be given at government cost; provides for short, intensive postgraduate or vocational courses of less than thirty weeks; permits the government to finance correspondence courses; increases from \$50 to \$60 the monthly educational subsistence allowance of a veteran without dependents, and from \$75 to \$85 the allowance for a veteran with dependents.

Dentists In Armed Forces:

Since 1940 one third of the civilian dentists of the country have gone into the armed forces, it was testified before the Sub-committee on Health of the Senate Committee on Education and Labor at hearings on the proposal of Senator James E. Murray of Montana to spend a million dollars to establish a National Institute of Dental Research. To illustrate the differences in availability of dental care it was reported that in California during 1940 there was one dentist for every 1,279 persons, while South Carolina had one dentist

for every 5,263 persons in the state.

Senator Claude Pepper and Senator George T. Aiken have jointly proposed that federal grants-in-aid be made to the states and local governments so that they can establish and maintain "adequate measures for the prevention, treatment and control of such (dental) disease, including a dental care program for children, the training of personnel for state and local dental health service, and the development and maintenance of effective means for the education of the public concerning dental disease."—*The Journal of the American Medical Association*.

Dental Corps In China:

The China Theater of Operations, where Lieutenant Colonel Richard D. Darby (DC) is assigned as dental surgeon, has the longest line of communication in the world. It requires the transshipment of supplies from ports of debarkation in India, together with repackaging, over the "hump" to China. While the equipment and instruments used in this theater are not the latest in design, they have proved adequate to any type of field service.

The Army Dental Corps in China formerly conducted dental classes for the training of Chinese Army Medical and Pharmacy Corps officers. The course, which was limited to one month and was started in November, 1943, presented the fundamentals of oral surgery and treatment of oral diseases. Up to that time, the Chinese Army had

no provisions for the dental care of its troops.

Later the original school was disbanded and replaced by division schools with the instructor traveling from division to division to conduct them. Under this system the students were drawn from different units of the division so that each main unit would have a person capable of giving emergency dental treatment.—*The Bulletin of the U. S. Army Medical Department.*

Army Films on Dentistry:

The Dental and Training Divisions of The Surgeon General's Office, in conjunction with the Army Medical Museum and the Army Signal Corps, are preparing a new series of films on various phases of dentistry, according to the *Army and Navy Register*. One of the first films to be released will deal with various diseases of the mouth. Other subjects to be covered are dental anomalies, dental caries, periodontal diseases and infections, odontogenic cysts and tumors, and tumors of the oral cavity. The films, which are intended for review by the officers of the Dental Corps at all Army installations, will provide an additional source of information to many dental officers and will afford an opportunity for group meetings and discussions.

Dental Officers Freed:

Four Army dental officers were among those liberated from German prison camps following the break-through at the Rhine by the American forces, according to reports received by The Surgeon General's Office. The dental officers are Captain Hugo Fielschmidt, Dracut, Massachusetts; Captain Benedict B. Kimmelman, Philadelphia, Pennsylvania; Captain John J. Thorn-

quist, Los Angeles, California; and Lieutenant Louis R. Piazza.

Purchase of Surplus Equipment:

Veteran dental officers will be given preference in the purchase of surplus dental equipment, according to Doctor C. Willard Camalier, Chairman of the War Service Committee of the American Dental Association. The Smaller War Plants Corporation will purchase property for resale to veterans and, while pricing arrangements are not completed, the price charged the veteran cannot exceed the price at which the material was purchased from the governmental disposal agency.

Redeployment of Dental Officers:

The War Department redeployment policies which govern the Medical Corps, the Signal Corps, and other Corps of the Army, are applicable to the Dental Corps, according to the *Army and Navy Register*. No discrimination is being made against officers of the Dental Corps, and redeployment of such officers is determined entirely by the theater commander concerned. It is he who determines the military necessity for the redeploying of officers to other theaters.

Correction:

In the MILITARY NEWS department of the July issue of ORAL HYGIENE in an item entitled SEPARATION OF ARMY OFFICERS, the following statement appeared: "Age-in-grade regulations will also strictly apply so that *average* officers will rate preference for release." This information was taken from a publication in which a typographic error occurred. The word *average* should have been *overage*.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

THE DENTAL LABORATORY IS HERE TO STAY

RELATIVELY FEW dental prosthetic appliances are fabricated outside the commercial dental laboratory. A small number of dentists perform their own laboratory work and another small number, about 3 per cent, employ their own technicians. The majority of dentists, however, cannot afford the time to do their own laboratory work or the expense of a technician. It is necessary for them to use the commercial laboratories. The laboratories number 2800 in the United States and employ more than 15,000 workers.

Dentists should use laboratories effectively; preferably on a prescription basis as the physician uses the pharmacy and the medical laboratory, and the ophthalmologist the manufacturing optician. The prescription, of course, in the case of the dentist, is not given directly to the patient to have filled. The prescription in this sense means a personalized and individualized treatment plan written by the dentist giving the exact instructions for the construction of an appliance. Sending an impression or a cast to the laboratory without exact instructions is not an individualized service. It is not enough to send directions to "make a denture," or "construct a removable bridge." The dentist should indicate precisely what he wishes done and the laboratory should follow the prescription faithfully. No two dentists have the same approach to a problem or the same technique in executing a treatment plan. The dental service is highly individualistic. This should be reflected in the instructions that the dentist gives the laboratory.

The commercial dental laboratory is an ancillary service to the profession of dentistry. It is an independent business and should no more be under the domination of dentistry than dentistry should be under the thumb of medicine. All are parts of a health service and a friendly cooperation should exist among all branches. Dentistry, however, should give encouragement to the laboratory to establish standards for certification or registration of technicians. At the present time no controls are established. Anyone can start a laboratory any time any place he pleases.

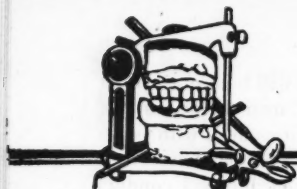
Unless some standards are established soon there will be a mushroom growth of laboratories after the war. Hundreds of men trained in the Army and Navy will return to their home communities and, with benefits from the G. I. Bill of Rights, they will set up dental laboratories. To be sure, many of these men will be well qualified and will conduct their business to give excellent service. A good many, however, will be incompletely trained and many, unless controlled, will start businesses that will make their bids for patronage directly to the people. We have already seen this in some states. We can expect more such fly-by-night laboratories unless we create some controls and establish some safeguards.

Certification is a self-disciplining function wherein a group sets up its own standards of proficiency. A certifying board examines candidates and, if they meet the requirements, they are accepted and permitted to identify themselves accordingly. In the case of technicians the certifying board should be created by the national laboratory association. Prominent members of the dental profession would act in any capacity that might be required. Registration, unlike certification, is a function of the state and it is a method of licensure. In the case of the dental laboratory it would probably be simpler to begin a system of accreditation by the establishment of a certifying agency. In time, if it were thought desirable, legislation for licensure might be introduced in the states.

Some attempts have been made to unionize dental laboratory workers; in some of the Eastern states there are unions. Generally dentists have spoken their opposition to unionization and made tacit threats of boycott. An organized boycott is illegal and a subject for federal prosecution. The strength of the trade and craft unions is many times greater than the dental profession and if an aggressive campaign were made to unionize workers there is little the profession could do to stop it. Dentists as a group are not aggressively anti-union. They are, however, because of associations, more inclined to be on the side of capital.

Without attempting to evaluate the merits of unions for dental laboratory workers, it can be said that the more nearly technicians approach the professional class by certification and registration the less likely they are to be unionized. The dental laboratory industry, a 100 million dollar a year business, is here to stay. It is time the profession appreciated the fact and began to instruct its members on how to cooperate with the laboratories and to use them most effectively.

Edward J. Ryan



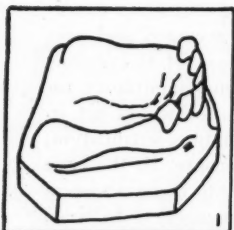
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

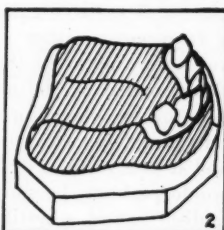
Drawings by Dorothy Sterling

Proper Postdamming For Immediate or Regular Upper Denture

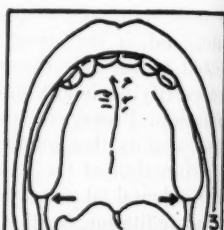
By HARRY F. KOONTZ, D.D.S.



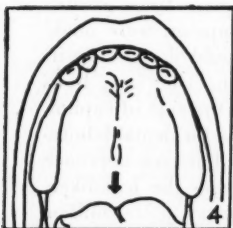
The case considered has the six anteriors in position. Secure model by colloid impression.



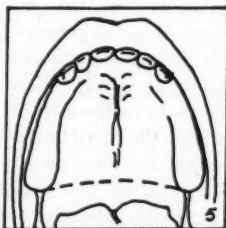
Carefully mold base plate to model, trimming to desired height of denture in all areas except the post-dam area. Allow plenty of freedom around remaining teeth.



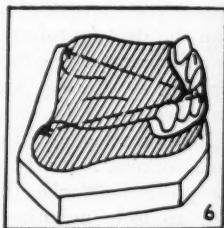
With mouth mirror, carefully examine mouth for location of hamular notch.



With mouth mirror, determine the termination of the spine.

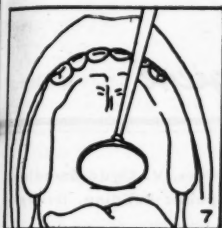


Mark in the mouth with eyebrow pencil the line showing length of denture. This line must be in movable tissue, distal to the hard palate to allow a bead.

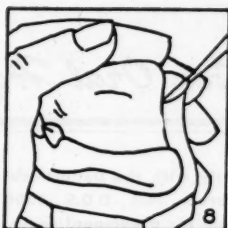


To determine the length on the base plate, measure with mouth mirror from anterior papilla to hamular notch.

onth
D.D.S.



With a mouth mirror, determine to what extent tissue can be depressed in the postdam area.



Transfer measurements to model and determine the depth of compression. Scrape model to the depth desired.



Correct base plate to scraped model.



Reinforce base plate with compound in palatal area. Take impression in base plate having a Zn O₂ base.



With Zn O₂ impression in place, take colloid of the whole upper to get final impression.



Pour final impression and proceed as usual.

SOCIAL SECURITY PROGRAM INCLUDES DENTAL SERVICE

CHILEAN Social Security provides medical and dental service, issues indefinite sick pay and death benefits, takes care of widows, and gives retirement with full pay after thirty years of service. Under this program Chile also constructs rental property as an investment, to build homes for members and to provide quick loans for emergencies. The twentieth anniversary of this Social Security legislation has just been celebrated by Chile with expressions of satisfaction over the success of the program by President Juan Antonio Rios and other high government officials. Chile's program is twice as old and costs several times as much as that of the United States whose population is more than twenty-five times as large as Chile's 5,000,000.



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Papules On Tongue

Q.—I have a patient who has two small white papules on the tip of her tongue. She says they developed a couple of years ago shortly after having an amalgam inserted in a lower second molar tooth. She thinks perhaps this restoration has something to do with the condition and that she is allergic to the amalgam. It is possible that this could be the cause? The condition is not painful, nor has it increased in size, but it is annoying to her. There is no suppuration.

I shall appreciate your opinion.—W. R. B., Kansas.

A.—It does not make sense to assume that an amalgam restoration in a second molar could be the cause of papules on the tip of the tongue. So long as they cause no discomfort and do not increase in size I should say that the patient is foolish to pay any attention to them.—V. CLYDE SMEDLEY.

Dyscrasia

Q.—I have a patient, a man 50 years old, who for the past four months has been allergic to something. What it is, he has been unable to find out. He has had about one hundred different tests made and was then told to see his dentist.

From a full mouth roentgenogram, I found an impacted third molar with the roots toward the mesial and a central incisor with a root filling. Neither one of these conditions has given him any

difficulty. Would his teeth cause the dyscrasia?—L.S.D., New York.

A.—Both the impacted maxillary third molar and pulpless maxillary central incisor are potential sources of infection. In the case of the third molar there could be a neurologic condition and difficulty with the maxillary sinus. The fact that the patient has not been conscious of difficulty with these teeth is not especially significant. They still might be in causal relation to the dyscrasia from which he is suffering.—GEORGE R. WARNER.

Immediate Dentures

Q.—A man came to my office with all teeth extracted except two upper cuspids and stated that he wanted these extracted and a denture inserted before leaving my office. He has a partial denture carrying four anterior teeth with clasps on these two cuspids.

Should I insist that he do without the denture for a day or so until I can make it after the extractions? Or should I make a denture and then extract the two cuspids as he has planned? If so, what procedure do you suggest? I have had no experience with making dentures before extracting the teeth. Can I take an impression with the cuspids in place and then pour the model and take the cuspids off the model and make a satisfactory denture? How would you handle it?

Thank you for whatever instructions you may give me.—H.H.V., Ohio.

A.—Your patient is right. You should make a good impression of his mouth with the cuspids in place, complete his new denture, and insert it before he leaves the office after the extraction of these two cuspids. We do this as a regular practice following the extraction of any number of remaining teeth up to eight or ten, usually six, and we are convinced that we are giving these patients the best possible service by this procedure.

It does not matter how you make the impression provided you make a good one. You can make it sectional with modeling compound or compound with plaster or zinc oxide paste wash with a separate section across the labial. You can make it with plaster, fracture it to remove, and reassemble. Or you can use any one of the new elastic materials if it is well confined and supported in the tray to give an accurate impression. •

You should tell your patient that such dentures usually need rebasing or remaking in from six months to one year, but I have had a number where the jaw fits itself to the denture in healing and they did not have to be rebased.—
V. CLYDE SMEDLEY.

Gingival Infection

Q.—I have a patient, a young serviceman 22 years old, recently returned from the Pacific Area. He has an irritated gingival condition which has been treated off and on in the Service for the last two years.

The gingivae bleed upon the slightest pressure or suction. Some of the papillae have been destroyed entirely and the others have white tips suggestive of sloughing tissue. It looks like a Vincent's infection.

I have used various treatments, in-

cluding 7 per cent chromic acid and peroxide, salvarsan and glucose, with home treatments of alternating sodium perborate and peroxide mouthwash. I have also prescribed up to 500 mgs. daily of vitamin C.

His general physical condition has improved greatly. In the past two months, he has gained 25 pounds and his extreme nervousness has almost disappeared, but the gingival condition has showed little improvement. He has discontinued the use of alcoholic beverages entirely but still smokes cigarettes. Could you suggest a course of treatment that might prove of benefit in this case? Has the use of sulfa drugs or penicillin proved of any value in such treatment and, if so, how is it administered?

I shall appreciate any suggestion you might make.—W.H.S., New York.

A.—From your description of the case it does not seem to me to be a Vincent's infection. It acts something like a streptococcic infection. We have had a few such cases which have responded well to the local application of an aqueous solution of sulfathiazole. In one extremely bad case we gave the sulfathiazole internally as well as topically.

Penicillin acts so well in Vincent's infection, both by local application and parenterally, that it would be well worth trying in your case. In a recent article¹ the authors report excellent results in the treatment of Vincent's infection through the use of washes and sprays of penicillin. Inasmuch as streptococcus haemolyticus and viridans are susceptible to penicillin it would seem wise to use it in your case because of the possibility of there being such an infection.

For the details of the treatment,

¹Schuessler, C. F., Fairchild, J. M., and Stranaky, I. M.: Penicillin in the Treatment of Vincent's Infection, J.A.D.A. 32:551 (May) 1945.

we suggest you read the article.—
GEORGE R. WARNER.

Burning Sensation

Q.—The following is a history of a case involving injury from a blow that the patient received. The patient, a woman, age 60, edentulous, wore dentures for four or five years. Because of a sharp blow on the top of her head, the dentures she wore at the time were fractured. Roentgenograms reveal no fractures of the maxilla.

The patient complains of a burning sensation under the upper lip as soon as she begins to walk around. As long as she is reclining, she has no such sensation. Is it possible that the fractured denture injured the terminal nerves supplying that area, and that the added stimulation resulting from movement creates the sensation?

I should appreciate your help in the treatment.—H.I.B., Pennsylvania.

A.—It does not seem likely that the blow on the head and fractured dentures could be the cause of this burning sensation. The following is a list of the causes of burning sensation in the mouth with which we are familiar:

A burning sensation in the mouth may be caused by nerve pressure upon a nerve trunk as it emerges from one of the foramina, or occasionally it may be from negative pressure or suction upon such a nerve trunk, or on certain hypersensitive nerve endings or fibrils.

Francis H. Daley, D.M.D., of Boston, suggests that a burning sensation in the mouth may be a symptom of a kidney disturbance which causes an excess of urea in the mucous membrane.

Among other possible causes or contributing factors that should be considered are: nerve impinge-

ment by scar tissue, nerve irritation because of the habitual use of some drug or drugs, a residual area of infection in the bone, allergy or protein susceptibility, or the use of too strong mouthwashes or dentifrices, anemia, galvanic action between two or more different metals in the mouth or pressure by the condyle upon the chorda tympani or auriculotemporal nerve, or both, because of an abnormal or closed bite.

James B. Costen² cites a large number of cases of this type.—
V. CLYDE SMEDLEY.

Control of Bleeding

Many years ago I extracted two upper molars for a patient, a man. About 10 p. m. that night, as I was ready to retire, the telephone rang and the patient's wife said he was bleeding to death from the extraction and to come to the office at once. I asked her if she had any paraffin or beeswax in the house and advised her to make a small, soft cone of it, press it into the sockets, mould over the wound, and to hold it in place and chill it. I retired with a perfectly clear conscience.

The patient came into my office about a week later and told me what a great success it was and that the bleeding stopped in two minutes. I have given this at clinics several times, and all report success with it.—A. B. Price, D.D.S., 810 South A Street, Richmond, Indiana.

²Costen, J. B.: Neuralgias and Ear Symptoms Associated with Disturbed Function of the Temporomandibular Joint, J.A.M.A. 107:252-255 (July) 1936.

Pfanzstiehl

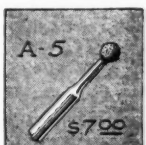
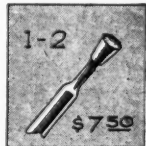
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Laffodontia

Pvt. Gene: "I think I'll visit Sally tonight, she thinks I'm the most wonderful guy in camp."

Pvt. Jack: "Why not stay here and let her go on thinking it?"

★

First Freshman (in a math exam.): "How far are you from the correct answer?"

Other Freshman: "Two seats."

★

Nurse: "It's a boy."

King Solomon: "Curses! I wanted a girl."

Nurse: "Be patient, O King. There will be three more this afternoon."

★

H. C. L. Jackson tells of the young man from the corn belt who was enlisting in the Navy and was asked his birthday. "I dunno," said the youth. "Maw never told me."

He brightened. "But I'm thirty-two years old," he added. "Maw told me once how old I was, and the rest was easy. I added a year every plowing."

"When did you add the year," asked the recruiting officer, "at spring or fall plowing?"

The candidate scratched his head. "Why dern it all," he said, "that explains it. I thought I was getting old too fast."

Nervous Lady: "Careful, driver, not so fast, this is my first ride in a taxi!"

Taxi Driver: "Mine, too!"

★

New Suburban Gardener: "I don't seem able to tell my garden plants from weeds. How do you distinguish between them?"

Old Suburban Gardener: "The only sure way is to pull 'em out. If they come up again, they're weeds."

★

The young husband had at last been successful in hiring a maid, and, being very busy downtown, had sent her up to the house alone. When the girl, who was very pretty, rang the doorbell, the young wife opened the door to her in person.

New Maid: "Your husband hired me today, and he told me to come right on out, and that you would show me to my room and give me my instructions."

Mistress (leading the way to the room reserved for the maid): "Very well, this is your room, and your instructions are to *keep it locked*."

★

"I didn't say the steak was tough, Sarge, I only said I couldn't even slice the gravy."

★

She: "Would you like to see where I was operated on for appendicitis?"

He: "No, I hate hospitals."



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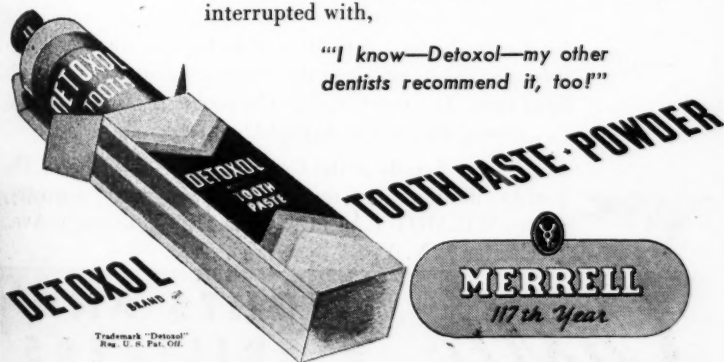
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"MY PET PATIENT," says Dr. R. B. S., "likes to tell me about the work all the other dentists in the country have done for her. I gather that, in comparison to some of the Swank Avenue specialists she's consulted, I am as graceful as an elephant and run a drill like a pile driver.

"In one respect, however, she agrees with me. When I told her that only one dentifrice contains sodium ricinoleate to peptize the adherent mucin and make it more readily removable with a brush, she interrupted with,

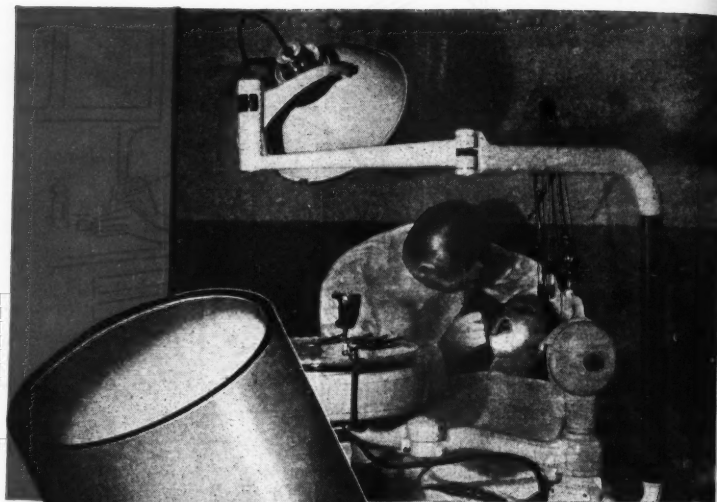
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149

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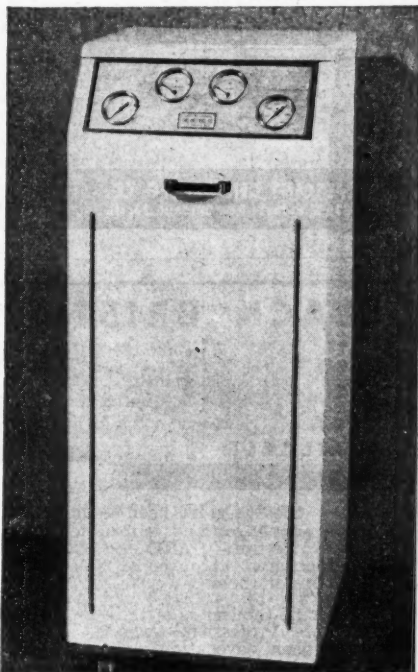
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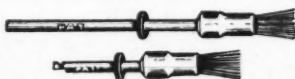
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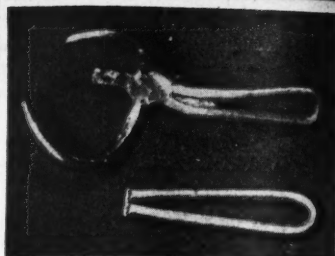
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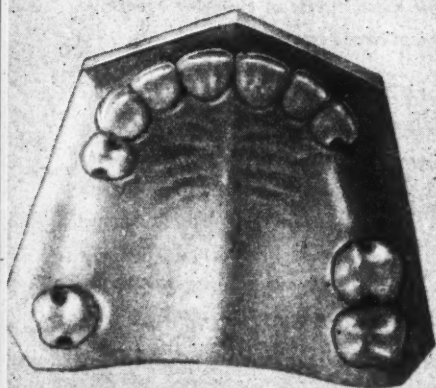
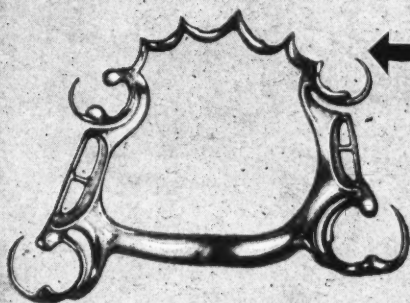
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A "rule" ing four unsatisfis portions ground of their lateral n tion is d of the n no und

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In this the moe tilt rest #1 clas ments a lars. TI tion provide

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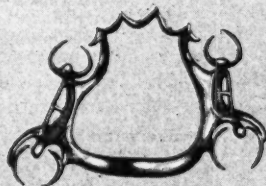
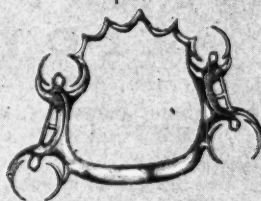
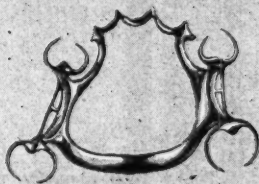
co TO

N² RULE OF THUMB?

erred ac- A "rule of thumb design", using
urveyor- ing four #1 clasps, and often
dvantage unsatisfactory. Because the rigid
ns pres- portions of these clasps must be
given a ground to permit seating, most
ch per- of their normal bracing against
of back- lateral movement is lost. Reten-
interiors tion is deficient because several
s on the of the resilient clasp arms have
ions of no undercut area to engage.

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Retention is improved but the
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lars. The case has excellent re-
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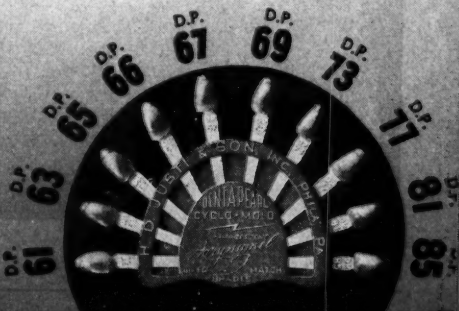
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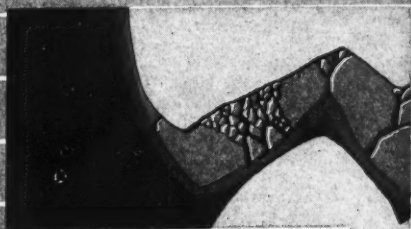


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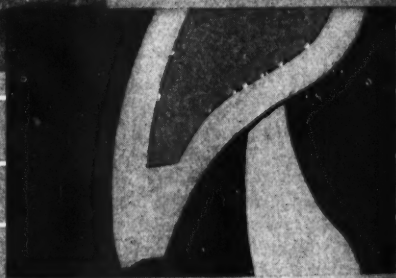


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**YOUR PATIENT
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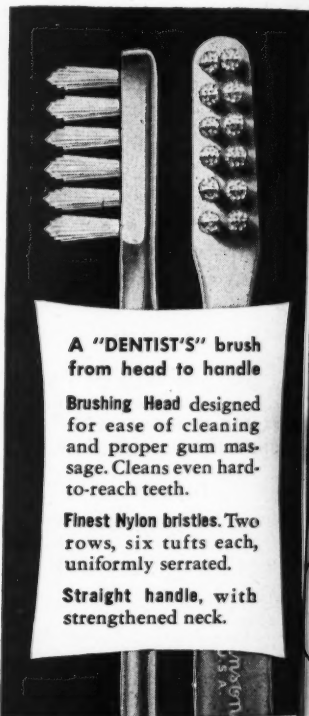
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from head to handle**

Brushing Head designed for ease of cleaning and proper gum massage. Cleans even hard-to-reach teeth.

Finest Nylon bristles. Two rows, six tufts each, uniformly serrated.

Straight handle, with strengthened neck.

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Following Difficult Extractions

Difficult mastication is a common though unavoidable sequel of multiple extractions. Sore and tender gums, as well as pain in the masseter muscles due to tissue infiltration in local anesthesia, contribute to this disability. Yet hunger must be appeased and nutritional requirements satisfied, especially in children and workers expending large amounts of caloric food energy. For this purpose, a highly nutritious, liquid food supplement is specifically indicated.

Following exodontia, Ovaltine is

widely used as a mainstay of the liquid diet. This delicious food drink, made with milk as directed, provides not only caloric food energy in the form of readily utilized carbohydrate and highly emulsified fat, but also biologically adequate protein, B complex as well as other vitamins, and essential minerals. Its low curd tension assures rapid gastric emptying, hence the appetite is maintained and as many feedings as necessary can be prescribed. Its delicious taste makes Ovaltine relished by all patients, young and old.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN	31.2 Gm.	VITAMIN A	2953 I.U.
CARBOHYDRATE	62.43 Gm.	VITAMIN D	480 I.U.
FAT	29.34 Gm.	THIAMINE	1.296 mg.
CALCIUM	1.104 Gm.	RIBOFLAVIN	1.278 mg.
PHOSPHORUS903 Gm.	NIACIN	7.0 mg.
IRON	11.94 mg.	COPPER5 mg.

*Based on average reported values for milk.



"The Family tree"
as a guide
in tooth selection...

UNIVERSAL DENTAL COMPANY • 48th at BROWN ST

RESEARCH
 HAS SHOWN
 CONCLUSIVE
 THAT THE
 "FAMILY"
 SIMILARITY
 OF TEETH
 PERSISTS
 THROUGH
 GENERATION
 AND
 IS GOVERNED
 BY THE
 LAWS
 OF
 HEREDITY

In recent years, geneticists have noted that "Family Traits" of teeth are inherited from one generation to another. A marked inheritance of labial characteristics, color, outline shape, arrangement and even caries-susceptible areas have been noted.

This research has been extremely helpful in pointing out a thoroughly scientific procedure for selecting teeth in edentulous cases. We know now that the dentition of a brother, sister, child or grandchild provides scientific guidance for the selection of teeth where no other record is available.

How do Five-Phase Anteriors help to facilitate such a procedure? Instead of the usual "fixed patterns" Five-Phase Anteriors provide: 1. Varied labial surfaces characteristic of natural teeth. 2. Co-acting proximal contacts—for easiest set-up and transposition of laterals. 3. Veri-chrome Colors—following nature's plan of controlled brilliance PLUS simplified color matching. 4. Superior porcelain—simulating natural tooth structure in depth refraction and translucency! 5. Scientific sizing—for easier selection.

In short, Five-Phase Anteriors reproduce the lifelike variations of natural teeth . . . providing the only means by which all the natural characteristics of the patients' teeth are available for reproduction in the artificial denture. ★ ★ ★ ★



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A N T E R I O R S

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Unpleasant-smelling air from your air cut-off and warm air syringe is ended by the use of **airmem*** Chlorophyll Air Freshener. Just place a handy wick bottle near the air intake of the compressor. This is the same **airmem** Chlorophyll Air Freshener that is doing such an outstanding job ending odor problems and freshening air all over busy professional suites.

Chlorophyll is one of nature's most effective agents for freshening outdoor air, and **airmem** adapts this principle for use indoors. It is the only air freshener, for professional application, containing activated chlorophyll.

EASY TO USE

airmem is easy to use. Just unscrew the cap of the wick bottle, and pull it up. If you have an odor-control or air-freshening problem, try **airmem**. A single pint bottle costs only \$1.59. W. H. Wheeler, Inc., has appointed the Calawex Company as national distributors in the dental field. If your local dental supply house has not yet received its supply of **airmem**, write direct to CALAWEX CO., 500 Fifth Ave., New York 18, N. Y.

*Trademark Reg. U.S. Pat. Off.

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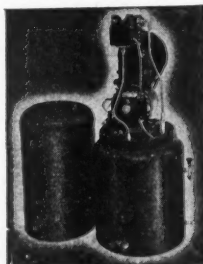
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Don't let patients forget that teeth and gums need *their* daily exercise, too! And that *functional chewing's* necessary to get teeth moving up and down in their sockets, *exercising* as Nature intended them to, "massaging" gums, promoting local circulation.

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Shredded Wheat is the pleasant, easy way to get your patients to chew food! For Nabisco Shredded Wheat's full of good, *natural* wheat flavor—a breakfast everybody likes.

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FOR *Better Denture*

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THE SUPER DISSOLVING PLASTER

Gelum is a gelatinous gypsum which flows easily under pressure to register the soft tissue with maximum detail. It does not mix readily with saliva. Gelum breaks with a fine cleavage line for assembly. Its extremely low setting expansion makes Gelum an invaluable medium for fixed bridgework and for preparing models for cast work. It handles easily, does not crumble.

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98 PLUS FLOW AT 98.6°F.

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Gelum Separating Fluid forms a waterproof film which swells with boiling to an elastic sheet. It will not adhere to the model.

SOLVITE SEPARATING FLUID

Solvite Separating Fluid, made especially for use with Solvite Impression Material, assures the best results with this material.

R70.

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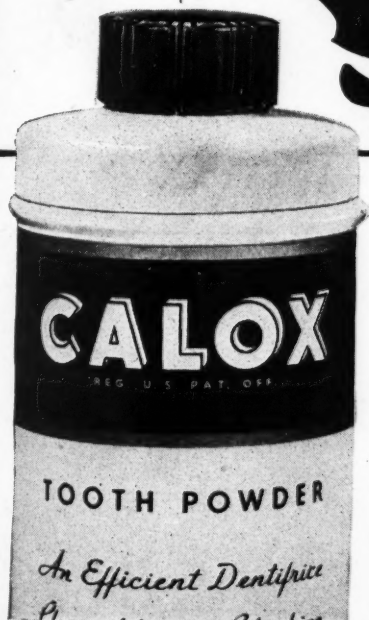
We've never claimed any wonder-working properties for Calox Tooth Powder.

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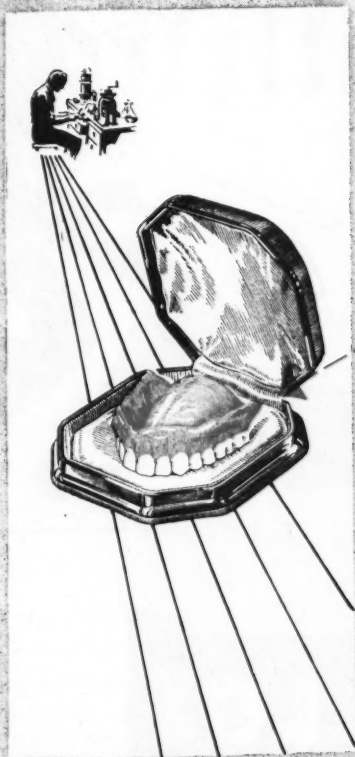
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After 42 Years!



...STILL INTACT AND SOUND!

COURTESY DR. D. C. NORTHRUP

what it shows—(5)

The restoration above is shown by courtesy of Dr. D. C. Northrup, Ellicottville, N. Y. After 42 years of continuous service in the mouth, it is still as good as the day it was made.

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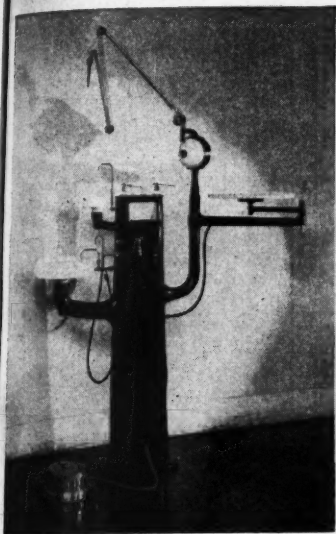
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CRESCENT WEBBED Polishers



*Smooth
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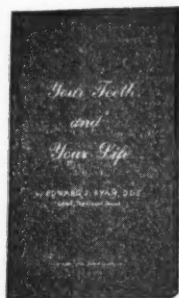
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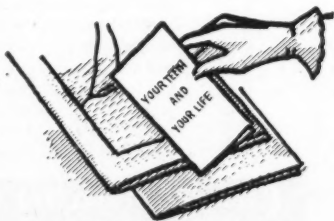
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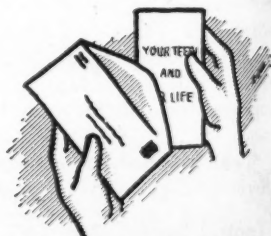
*can use this ethical pamphlet in
patient-education programs*

We have enthusiastic comments from hundreds of users of the pamphlet **YOUR TEETH AND YOUR LIFE** but here is one from a practitioner who has been using the material for some time: "I am enclosing check for \$9.00 for 300 copies of *Your Teeth and Your Life*. I surely hope you have some left as I have been selling a lot of dentistry with this material which I have been using for some years."

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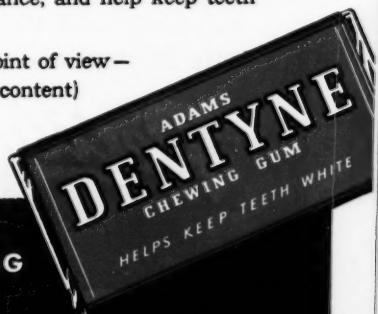
their **CHEWERS** *had TO BE GOOD!*

When a tough piece of bark was considered a confection, children learned naturally the good habit of mastication.

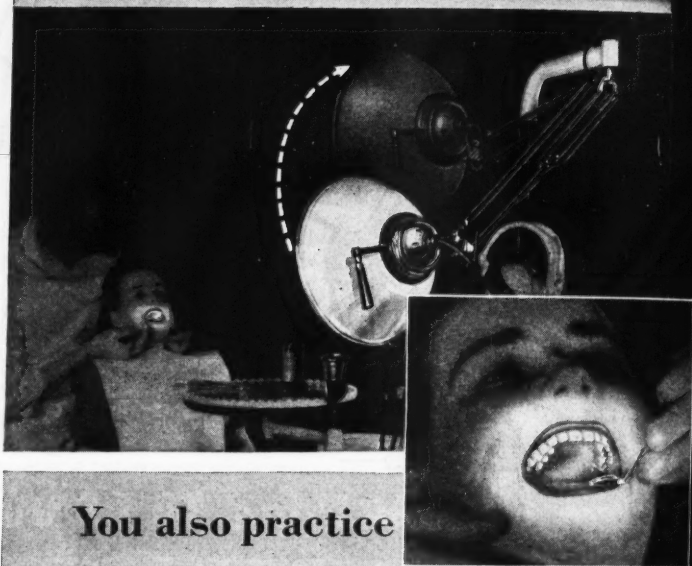
Today they must be taught that proper chewing helps their teeth to stay firm and sound . . . that efficient mastication is a most effective prophylactic against tartar formation.

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Less change than the



thickness of a human hair

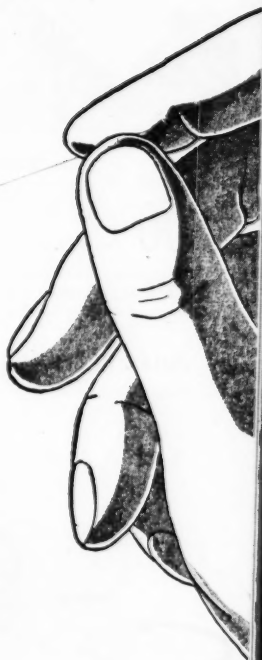
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Stability

The importance *to you* of dimensional stability in a denture resin cannot be over-emphasized. It is this property that assures years of mouth service and comfort. Without it, no restoration would be satisfactory for very long.

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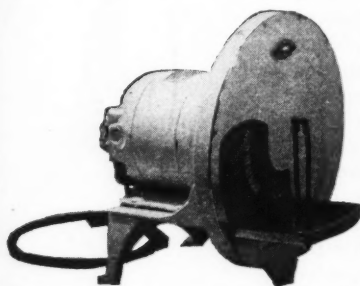
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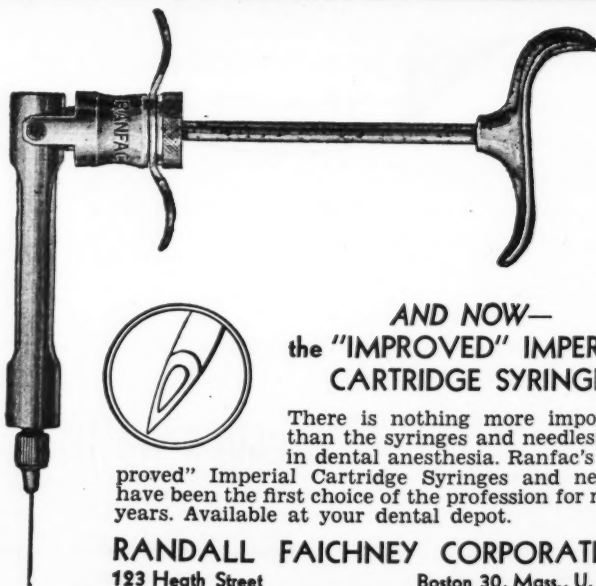
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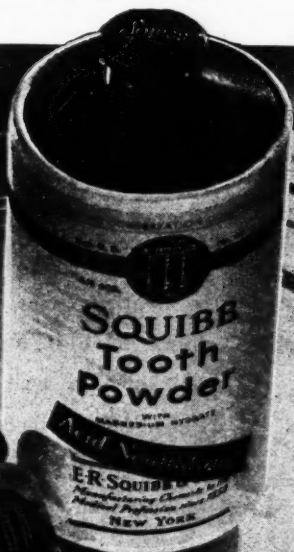


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**Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154
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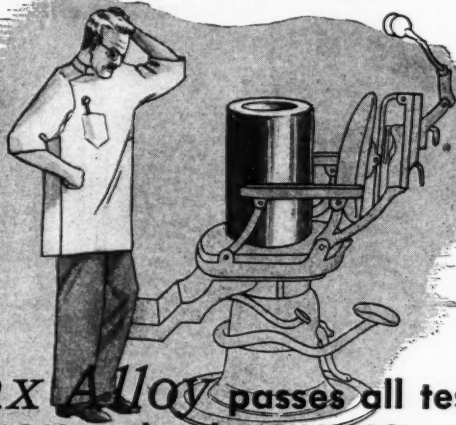
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Maybe this looks silly, but it isn't. After all, steel dies are used for testing most alloys. If every patient who came into your office for a filling had the same size cavity...and it was the same shape and in the same tooth, *then* there might be a real similarity between patients and steel dies.

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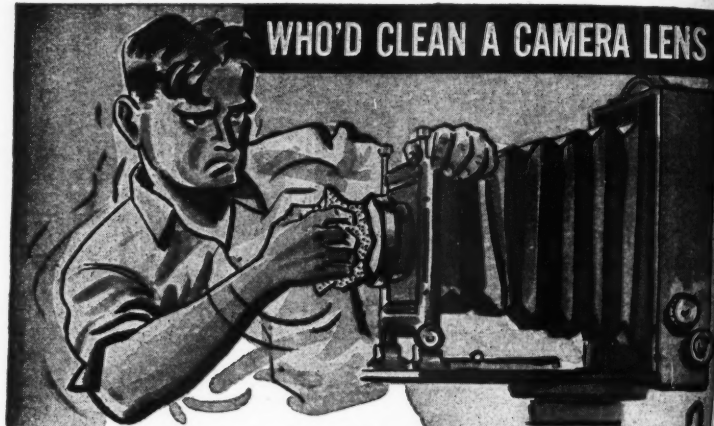
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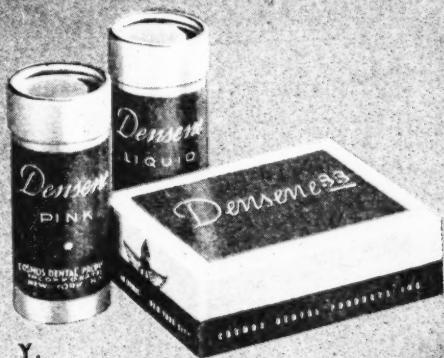
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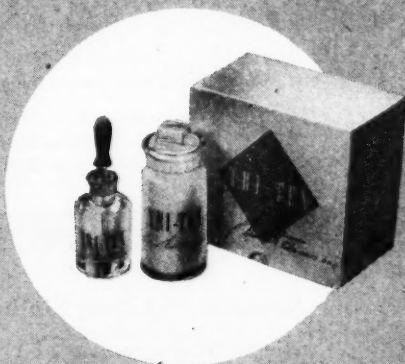
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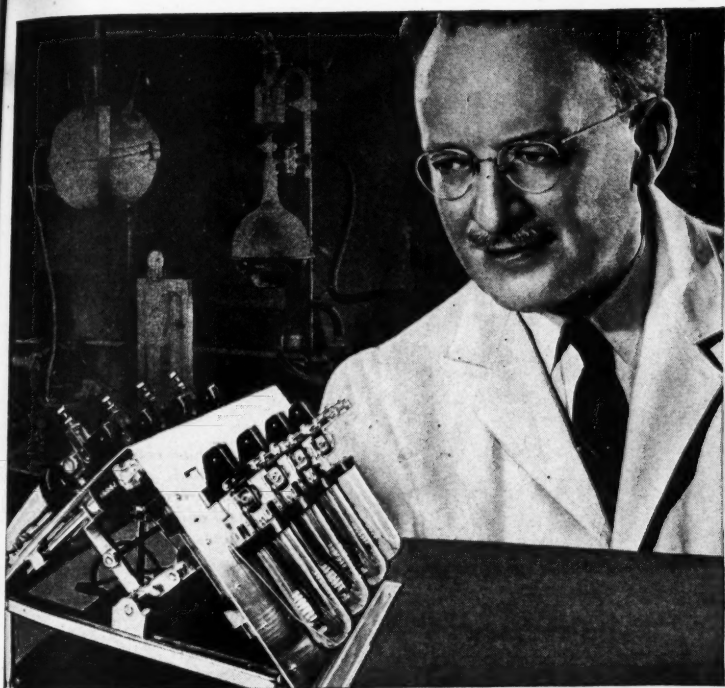
¹*Jour. Dent. Res.* 20:565-81 (1941)

²*Dent. Items of Int.* 66:760-69 (1944)

³*Jour. Dent. Res.* 20:583-95 (1941)

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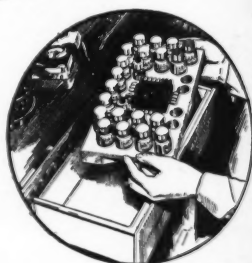
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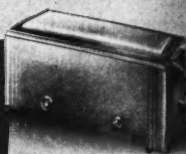
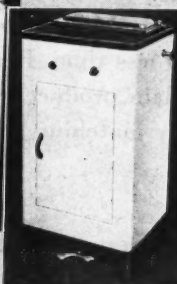
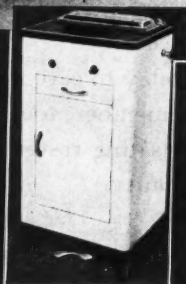
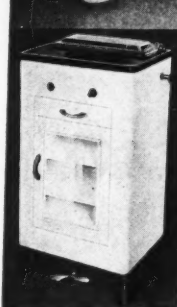
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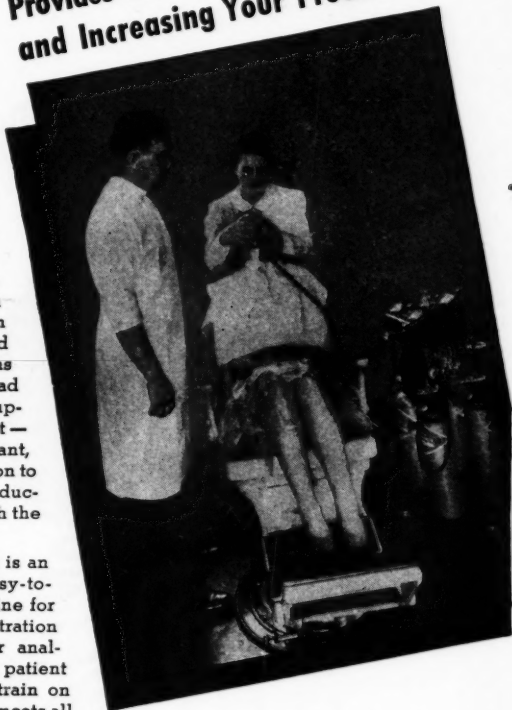
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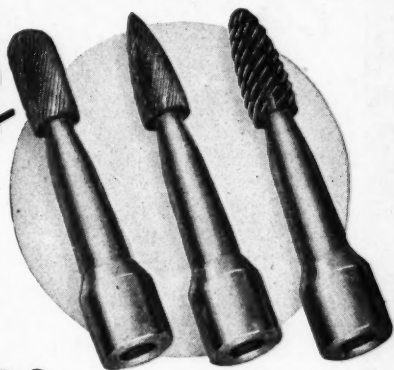
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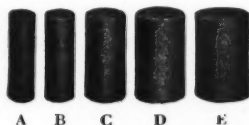
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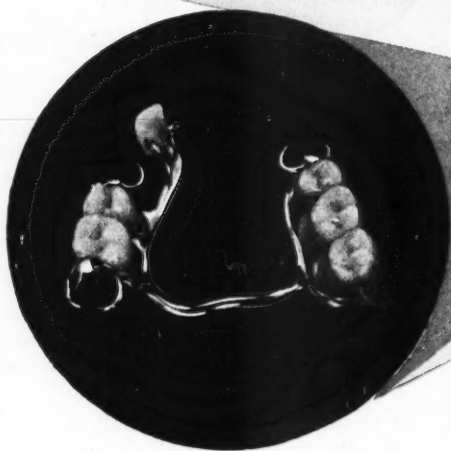
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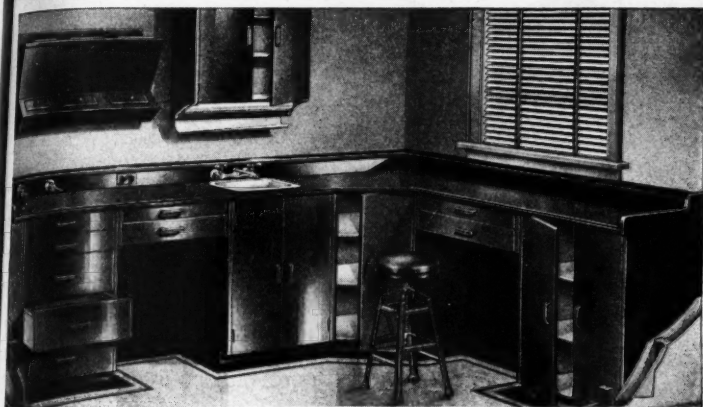
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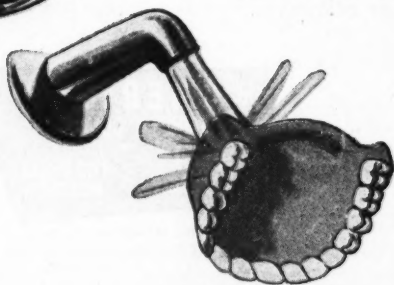
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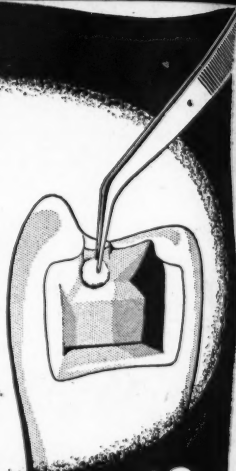
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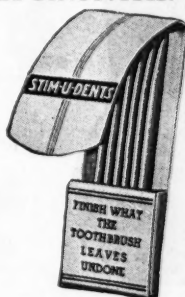
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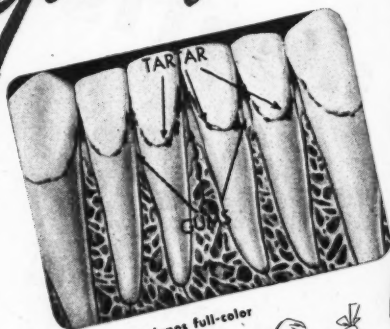
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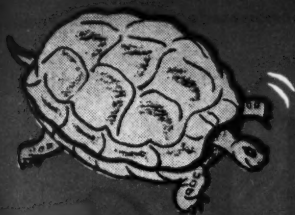
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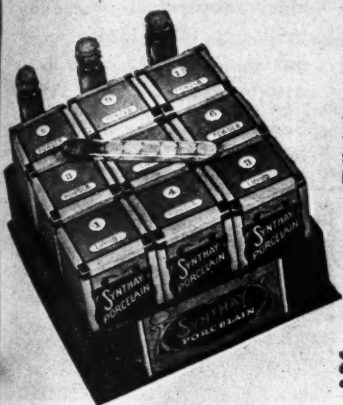
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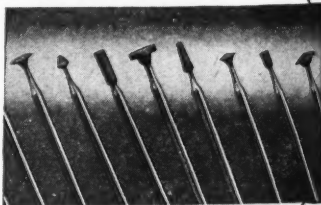
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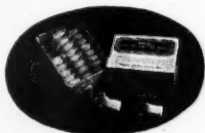
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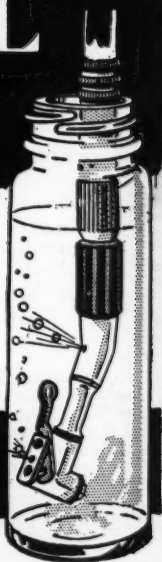
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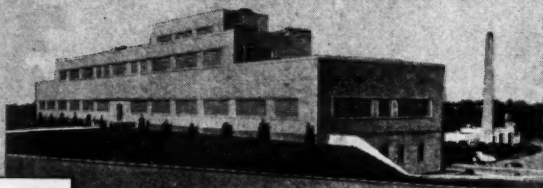
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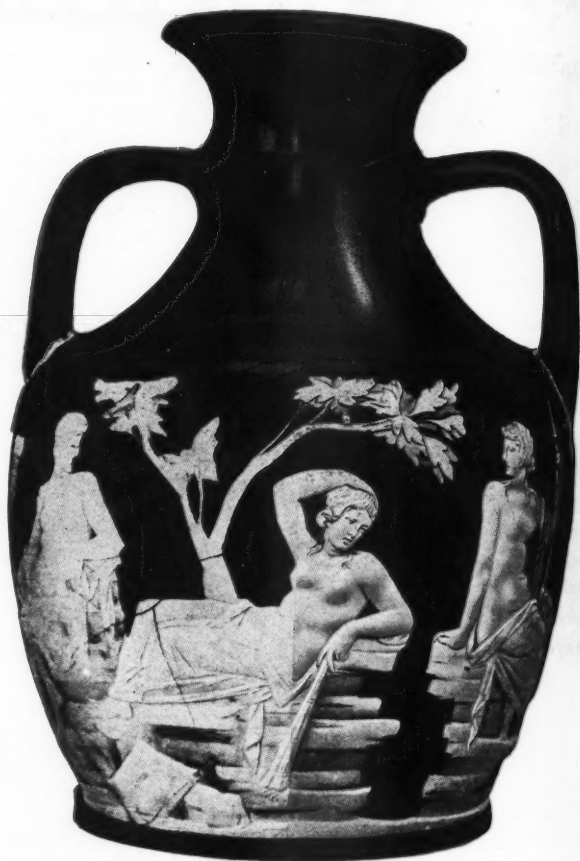
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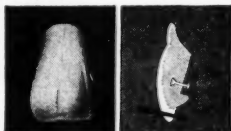
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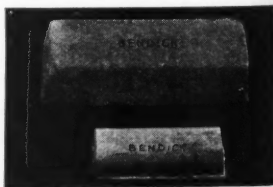
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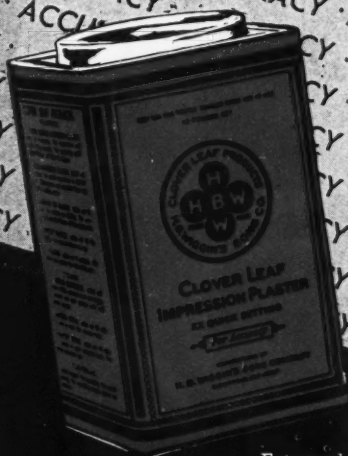
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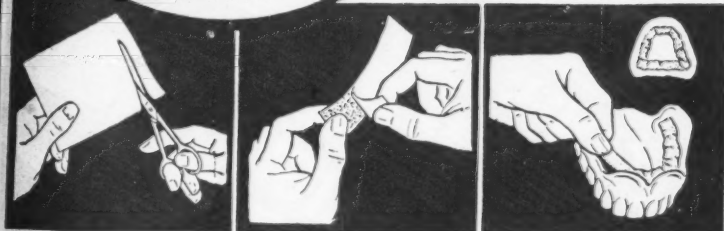
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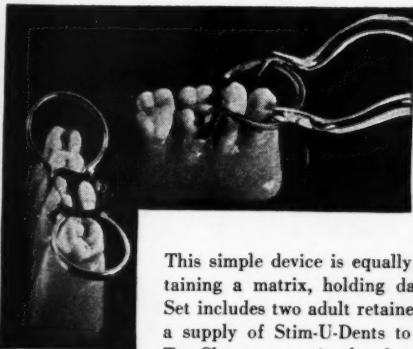
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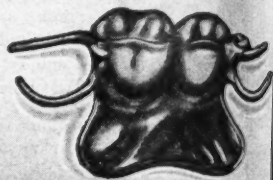
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The three models are of the same mandible and disclose valuable information in full denture construction. They illustrate the difference between open mouth and closed mouth impressions and the difference between impressions taken with and without resistance by the patient.

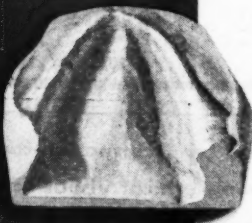
These models also prove what can be done with an impression material of a consistency that will take tissues at rest without displacement or over-extension.

The top impression was taken with modeling compound and illustrates muscle resistance by the patient.



The second is an open mouth impression taken with a baseplate containing paste and illustrates semi-resistance and semi-compression.

The third impression was taken by the patient with an oversized baseplate using Konformax Impression Material. The patient's mouth was closed. Note the depth of the ridge. Note the crest of the ridge. No wonder Konformax Impression Material produces such accurately fitting dentures!



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3-B 4-C 5-C 3-C 4-D 5-D



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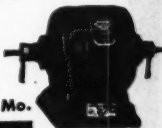
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We call this revolutionary acrylic Crystolex Formula 102. It is now available through all Kerr dealers.

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KERR CRYSTOLEX *Formula 102*

Test denture from same impression as above, processed identically but from another acrylic clear. Vacuoles, caused by preliminary surface cure betray a condition often hidden by colored material.



WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

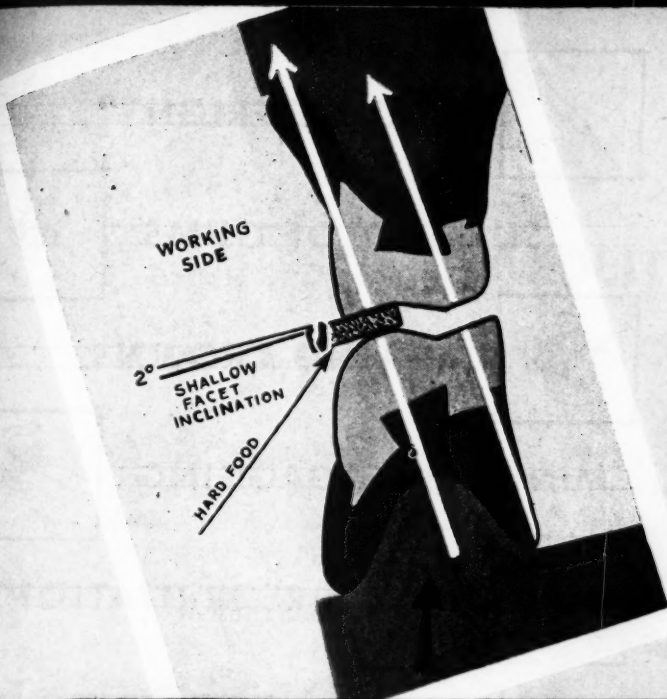
Abbott Laboratories	1575
Acralite Co., Inc.	1502-1503
Alkalol Co.	1640
American Cabinet Co.	1641
American Can Co.	1611
American Chic Co.	1601
American Sterilizer Co.	1628
Anacin Co.	1646-1647
Austen Laboratories, Inc.	1638-1639
Baker & Co., Inc.	1659, 1668
Baldor Electric Co.	1670
Bell Dental Products Co.	1622-1623
Bendick Co.	1658
Bosworth Co., Harry J.	1592-1593
Bristol-Myers Co.	1509, 1571, 4th cover
Burton Mfg. Co.	1634, 1676
Butler Co., Dr. John O.	1568d
Calawex Co.	1590
Camel Cigarettes	1498-1499
Carpenter Dental Co.	1568d
Castle Company, Wilmet	1568
Caulk Company, L. D.	1596-1597, 1626-1627
Central Dental Mfg. Co.	1600a
Cheplin Laboratories Inc.	1655
Chicago Wheel & Mfg. Co.	1650
Ciba Pharmaceutical Products, Inc.	1680
Clark-Cleveland, Inc.	1496-1497
Cleveland Dental Mfg. Co.	2nd cover
Coe Laboratories, Inc.	1617
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Comfort Mfg. Co.	1600
Continental Chemical Co.	1606
Cook-Waite Laboratories, Inc.	1608-1609
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Corea Chemical Co.	1653
Cornish Laboratories	1620
Cosmos Dental Products, Inc.	1618-1619
Crescent Dental Mfg. Co.	1568d, 1600, 1600a-1600d
Dee & Co., Thomas J.	1495
Dental Perfection Co.	1612
Dental Research Laboratories	1568b
Dental Specialty Mfg. Co., Inc.	1493
Denticator Co.	1621
Dentists' Supply Co., The	1508, 1518-1519, 1679
Dentyne Gum	1601
Dewey School of Orthodontia	1620
Dresch Laboratories Co.	1568a
Drucker Co., August E.	1583
DuPont de Nemours & Co., Inc.	1578-1579 (Plastics Dept.)
Duraluminum Products Corp.	1630-1631
Fantazz Laboratories	1671
F-R Corp., The	1652
Fischer & Co., H. G.	1574
Flint-Eaton & Co.	1582
Forhan Co.	1520
French & Co., Samuel H.	1570
Garhart Dental Specialty Co.	1649
General Electric X-Ray Corp.	1637
Getz Co., William	1512-1513
Glazbrook Bros.	1620
Hanau Engineering Co., Inc.	1600d
Hatch Co., B. G.	1600d
Hoover Uniforms	1598
Hu-Friedy Mfg. Co.	1640
Hugh Dental Supply Co.	1670
Hudson Products, Inc.	1642-1643
Husband Dental Supply Co.	1654
Ideal Tooth, Inc.	1656-1657
Ivory, J. W.	1658

Jelenko & Co., Inc., J. F.	1510-1511
Johnson & Johnson	1489, 1501
Jules Press	1601
Justi & Son, Inc., H. D.	1578-1579
Kalmor Mfg. Co.	1601
Kerr Dental Mfg. Co.	1569, 1666, 1671
Kolynos Co.	1641
Konformax Laboratories, Inc.	1668
Lang Dental Mfg. Co.	1571
Lyons Tooth Powder, Dr.	1511
Masel Co., Isaac	1671
Master Metal Products, Inc.	1601
McKesson Appliance Co.	1671
McKesson & Robbins, Inc.	1594-1595
Merrell Company, Wm. S.	1561
Mills Mfg. Co., Kenneth	1601
Minimax Co.	1611
Mizzy, Inc.	1644, 1651
Model D Co., The	1601
Model Railroader Magazine	1571
Morgan, Hastings & Co.	1561
Morris, Ltd., Phillip	1671
Motolid Co., The	1571
Moyer Co., Inc., J. Bird	1651
Mu-Col Company, The	1600
Mullen Bros.	1551
National Biscuit Co.	1551
Ney Co., J. M.	1572-1573
Num Specialty Co.	1611
Ohio Chemical & Mfg. Co.	1621
Pelton & Crane Co., The	1601
Pepsodent Co.	1601
Pfantiel Chemical Co.	1561
Pioneer Air Compressor Co., Inc.	1531
Plastodent, Inc.	1642-1643
Polident	1642-1643
Premier Dental Products Co.	1580-1581
Procter & Gamble	1624-1625
Professional Printing Co.	1641
Prometheus Electric Corp.	1568
Randall-Faichney Corp.	1611
Ransom & Randolph Co., The	1506-1507
Reynolds Tobacco Co., R. J.	1498-1499
Ritter Co., Inc.	1672-1673
Rockland Dental Co., Inc.	1501
Rocky Mountain Metal Products Co.	1641
Silvodont Company, The	1661
Smith & Son Mfg. Co., Lee S.	1664-1665
Sprague & Co., J. A.	1621
Spyco Smelting & Refining Co. 3rd cover	1621
Squibb & Sons, E. R.	1611
Star Dental Mfg., Inc.	1514-1515
Sterile Products Co.	1644, 1651
Stim-U-Dents, Inc.	1641
Stuart Co., The	1621
Ticonium	1662-1663
Tru-Fax Publishing Co.	1641
Union Broach Co., Inc.	1566, 1582, 1590, 1610, 1621
Universal Dental Co.	1588-1589
Unitol Co., The	1568
Vernon-Benshoff Co.	1604-1605
Wander Co., The	1511
Wernet Dental Mfg. Co.	1584-1585, 1611
Wetherhill Products Co.	1611
Wheeler, Inc., William H.	1511
White Laboratories, Inc.	1611
White Dental Mfg. Co., The S. S.	1504-1505
Whitehall Pharmacal Co.	1646-1647
Wiggins Sons Co., H. B.	1611
Williams Gold Refining Co.	1511
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Yates Dental Mfg. Co., The J.	1611
Young Dental Mfg. Co.	1611

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...1489, 1500
...1489
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...1580
19, 1666, 1677
...1644
...1663
...1577
...1511
...1677
...1600
...1677
...1594-1596
...1566
...1600
...1611
...1644, 1663
...1590
...1577
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...1600
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...1642-1644
...1580-1581
...1624-1625
...1644
...1568
...1611
1506-1507
1498-1499
1672-1673
...1500
Co. 166
...166
...1664-1665
...162
rd cove
...167
...1514-1515
...1644, 1663
...164
...1663
...1662-1663
...164
...10, 162
...1588-1589
...1566
...1604-1605
...15
...165, 166
...16
...15
...16
...1604-15
...16-47-
...16
...15
...15
...16
...16
...16
...16
...16
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STANDARD DENTAL LABORATORIES

185 North Wabash Avenue

CHICAGO 1, ILLINOIS

Phone: DEArborn 6721-5

VITALLIUM



★ TRADEMARK REG. U. S. PAT. OFF.

**OTHER GOOD
AUSTENAL PRODUCTS:**

Austenal Micromold
Teeth

Vitalon Acrylic Resin
Teeth

Vitalon Denture and
Bridge Resin



*N*ew standards of ideal oral fit and good function in partial removable bridges have been established in Dental Prosthetics as a result of the critical demand for precise Vitallium castings for the superchargers on our combat planes.

Prescribe through your VITALLIUM LABORATORY

STANDARD DENTAL LABORATORIES

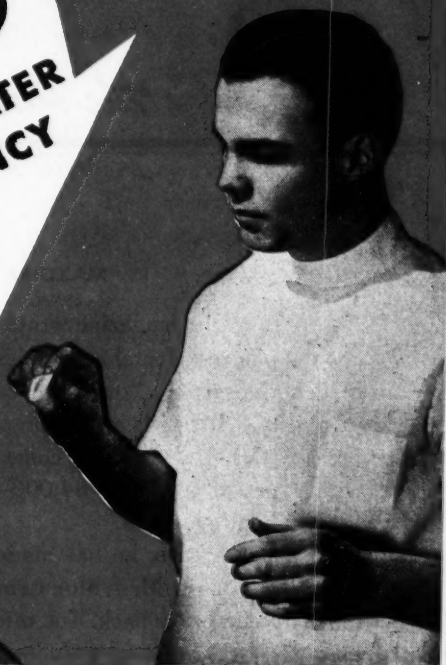
185 North Wabash Avenue

CHICAGO, ILLINOIS

Phone: DEArborn 6721-5

*Trademark Reg. U. S. Pat. Off.

**COTTON—
FILMATED**
...FOR GREATER
ABSORBENCY



● Soft cotton is filmated evenly throughout the inner surfaces of J & J Exodontia Sponges . . . for higher absorbency. No raw edges of gauze are exposed. Unfolded, the sponge becomes a handy wick, or wipe. J & J machine-made sponges save the dental

assistant's time that would otherwise be wasted in making inferior sponges by hand. Exodontia sponges are also more economical. Supplied in sizes 2" x 2" and 3" x 3". Boxes of 500 or 1,000 (sterile) and 2,000 or 5,000 (non-sterile). Order from your dealer.

EXODONTIA SPONGES

DENTAL DIVISION

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.



The Publisher's Corner

By Mass

Number 292

MAZUMA TRAP?

A FRIEND of the magazine wrote a while ago to express himself about a phase of dental economics, to express his conviction that, in dental practice, "overhead causes more failures than lack of ability." It has been his observation that some dentists can gross \$10,000 a year and come out the other end of the horn with a net of less than \$4,000—purely because they are too lavish about overhead.

In his own case, he has made it a rigid rule to hold down overhead—using Man Mountain Dean technique to pin it to the mat—flat on its back. Too often, he believes, dentists become afflicted with a sort of grandeur complex, want to boss a staff—and wind up really working to support people who themselves do not add to the office's net yield.

This department knows nothing about managing a dental practice—would likely make a fiscal fiasco out of any practice it tried to run. The CORNER is just passing along this chum's thoughts, in the hope that someone may be needled into disagreeing, and starting a small brawl in these normally peaceful pages. This friend has made his plan work. He has held down overhead to the lowest point possible—and built a successful practice. But someone may counter with facts about others who have branched out with larger personnel and made the branching-out work, too. Of course, that has happened more than once. It is seldom safe to generalize. The lad who wrote

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the letter wasn't really doing that; instead, he was emphasizing his conviction that added overhead, not scrutinized in advance as to its relation to potential net income, can be a trap for *mazuma*—money put into a dental practice that *stays in*.

Too, he was emphasizing his belief that not everyone is geared to conduct the same type of activity. That seems too simple a truth to warrant writing it. But it is a fact that sometimes this truth is ignored, in all sorts of activities. Your correspondent was guilty of ignoring it at least once—helping to start a hardware magazine in our company one time twenty-five years ago. It was perhaps a case of succumbing to the temptation to try to be a far-flung publisher, a sort of pint-size Hearst, while ignoring the fact that one is pint-size, period. At any rate, the hardware paper turned out to be a *mazuma* trap: the money put into it stayed in.

Pepodontia

Just as is true of the practice of dentistry, magazine publishing is beset by all sorts of perils. One lives and learns—a little. But you can make the same mistake twice, which is rated as a cardinal sin—typographical errors, for instance. In two successive recent issues, this magazine's want ad page carried the same error. A Washington, D. C., dentist advertised for an associate to specialize in orthodontia and pedodontia. We printed it "pepodontia" in both the July and August numbers. Doctor Paul Greusel of Hebron, Texas, writes to rib ORAL HYGIENE about it. "Now, now!" he admonishes this paper. "Is it the heat or is it the war?" Who can tell? Paul analyzed "pepodontia," explaining that "Pepo" is the USP term for pumpkin seed, "which is used as an agent to remove tapeworms," and figures that a pepodontist busies himself with teeth so afflicted. Could be. After all, caries is still a mystery.

Speaking of want ads, it seems a good idea to echo the paragraph in last month's CORNER about ORAL HYGIENE's publica-

tion office being willing to serve as a clearinghouse for Dental Corps veterans who seek positions with other dentists, and dentists who may wish to engage them. To the extent that space permits, free want ads will be printed; beyond that, in any event this office is ready to serve as a clearinghouse. There's no telling how many, or how few, will need this assistance. If there are too many cases to care for in the magazine itself, bulletins will be prepared for those interested, and any necessary correspondence will be conducted.

Atomic Ad

Still thinking of want ads: the atomic bomb news reminded our publication manager, Bob Ketterer, that in June, 1944, we printed an ad offering dentists an opportunity that seemed to be out of this world, which figuratively, it was. Except for the fact that the dentist who brought it to the office bore excellent credentials, the ad would not have been accepted. It seemed just too good to be true: "Equipment furnished. . . family traveling and moving expenses paid . . . Great Smoky Mountains . . . scenery beautiful . . . climate mild . . . new houses available at nominal rent"—all this along with "excellent salary." It turns out that it was the Oak Ridge, Tennessee, atomic bomb project seeking dentists for the magic city that was to make history's biggest news.

Bombs, Birds, Bees, and Buttercups

All this starts you thinking. Man made the atomic bomb but has yet to create a hummingbird, a honey bee, a buttercup. Still, if we're not all killed off too soon, Science may get around to doing something lovely.



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Like Red?

No matter how well you like red, you wouldn't trade at a store that sold nothing but red neckties. Similarly, no one popular "pink" denture material can match all shades of natural gums. DENSCO "Service" is the only Acrylic Denture Material on the market at any price supplied in six shades to match each individual patient's gums. The DENSCO "Service" Shade Guide enables you to make this selection visually and to select the proper shade of tooth at the same time! Ask your salesman to show it to you.

"DENSCO"
Service
METHYL METHACRYLATE
DENTURE MATERIAL

**Specify on your next
laboratory case.**



Distributed by

DENSCO *The* **DENTAL SPECIALTY MFG.**
BOX 420—DENVER 1, COLORADO, U. S. A. *Co.*

* *2* *twice* as



Quick, dependable results make more dentists rely on Anacin **than on any other anodyne!**

Anacin is so effective for relief of pre-operative apprehension and post-operative pain because it is a skilful combination of medically proven ingredients.

WHITEHALL PHARMACAL COMPANY

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**many dentists
use ANACIN
as any other anodyne!**

Are you making regular use of Anacin pre-operatively, after painful instrumentation, and after extractions? Anacin Service is available to you without charge. Write for further details on your letterhead.

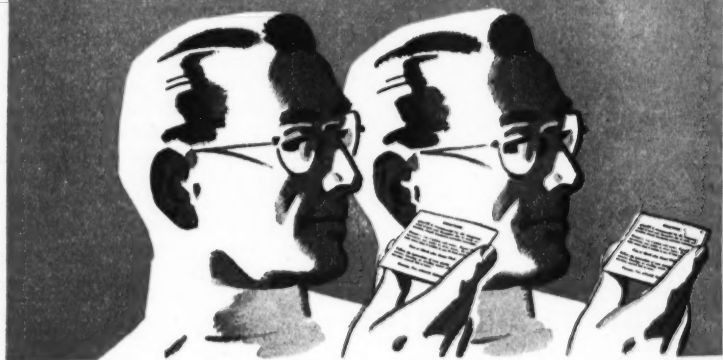
* *Based on national survey.*

ANACIN

REG. U.S. PAT. OFF.

22 E. 40th ST., NEW YORK 16, N. Y.

* *2* *twice* as



Quick, dependable results make more dentists rely on Anacin **than on any other anodyne!**

Anacin is so effective for relief of pre-operative apprehension and post-operative pain because it is a skilful combination of medically proven ingredients.

WHITEHALL PHARMACAL COMPANY

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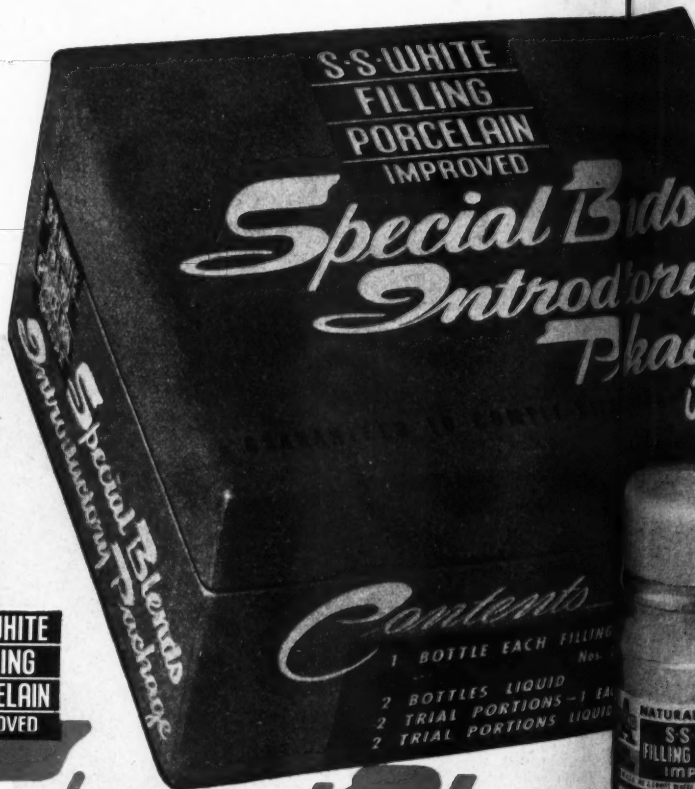
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* *Based on national survey.*

ANACIN
REG. U.S. PAT. OFF.

22 E. 40th ST., NEW YORK 16, N.Y.



**S-S WHITE
FILLING
PORCELAIN
IMPROVED**

Special Blends INTRODUCTORY PACKAGE

CONTENTS

6 Full portion powders $\frac{1}{2}$ oz. each

Blend A

Blend E

No. 21 Light yellow

No. 22 Yellow

No. 25 Light gray-yellow

No. 26 Gray-yellow

2 Bottles of liquid
plus

*1 Trial bottle Blend A powder

*1 Trial bottle Blend E Powder

*2 Trial bottles of liquid

*No charge is made for the trial bottles.

PRICE \$16.65

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Sixteen to Sixty



BLENDS A AND E

WILL MATCH THE

MIDDLE AND GINGIVAL

THIRDS OF MOST

ANTERIORS



**TRY BLENDS A AND E
AT OUR EXPENSE**

Ask your dealer to send you the F.P.I. Special Blends Package. It contains generous trial bottles of Blends A and E. Use these on a few cases. Prove their value. The remainder of the package may be returned for credit if the trial proves other than satisfactory, and if the returned powders and liquids are in salable condition.

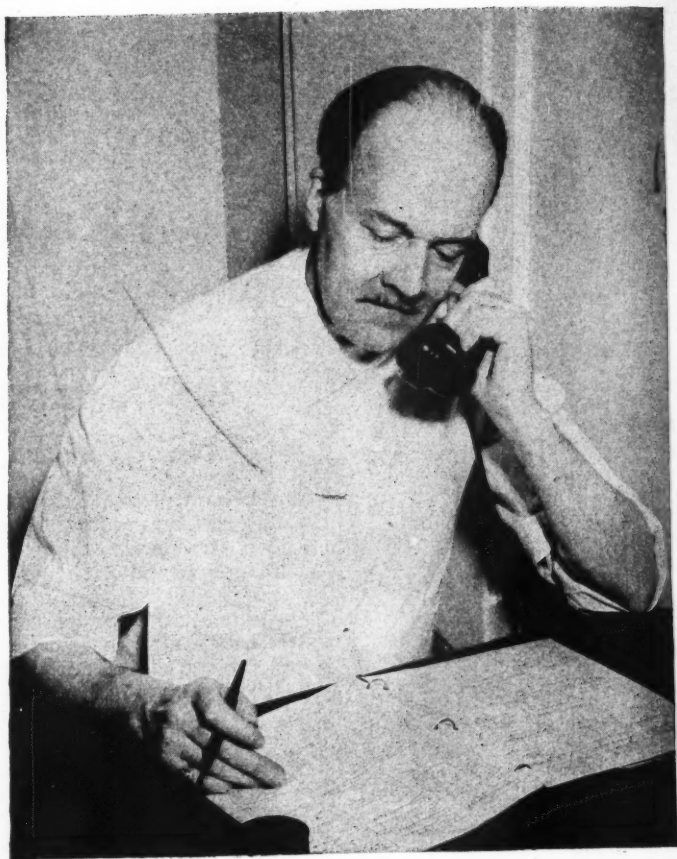
Blends A and E have received thorough trial in practice. Originally they were blends A and E on the Filling Porcelain Improved color guide. Last year we made Blend A a stock color in response to requests from dentists in all parts of the Nation who found it a perfect match for the middle and gingival thirds of most anteriors of patients ranging from early teen age to the middle thirties.

Blend E is now added to our stock color because of popular request. It matches the middle and gingival thirds of anteriors in patients ranging from thirty-five to past sixty years of age.

Nos. 21, 22, 25, 26 are the most used regular tooth colors, making the Special Blends a very practical package.

THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA 5, PA.

1844 "OVER A CENTURY OF SERVICE TO DENTISTRY" 1945



Alkalinity He

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ALKALINITY HELPS

Tender gum tissues, unaccustomed to the pressure of a new denture, sometimes become sensitive and irritated. FASTEETH, buffered to maintain a mild alkalinity in contact with the tissues, checks and soothes soreness and inflammation due to chafing and hyperacidity.

When tissues are so irritated that they react unfavorably to the new denture the period of adjustment and adaptation may be prolonged unduly. FASTEETH'S sustained and mild alkalinity helps patients to tolerate new dentures quicker and more easily.

FASTEETH

Clark-Cleveland, Inc.
Binghamton, N. Y.

OH-6

Gentlemen:

Please send professional samples of Fasteeth.

Dr.

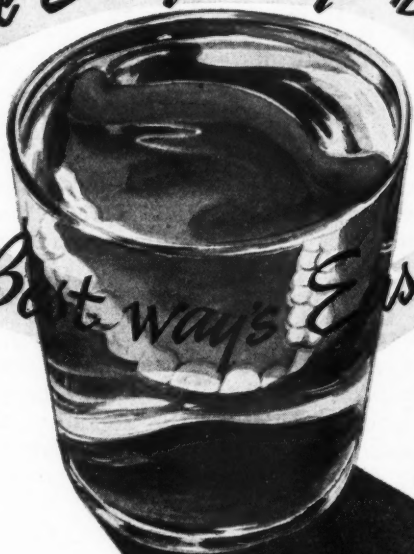
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Helps

WITH POLIDENT

The Easy way's Best
The Best way's Easiest!



*Approved for use
 by leading manu-
 facturers of acrylic
 denture materials.*

THE
 soaking
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 tarnish,
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 dentists
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As
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 HUDSON

SOAK

10 to 15 min
 tion. (1 gla
 1/2 tsp. POLI

THERE'S no easier way to clean dentures than by *soaking* them clean in POLIDENT. Nor is there any better way. For POLIDENT literally *dissolves* mucin, tarnish, food debris and odors . . . *soaks* them clean without the slightest danger of injury!

POLIDENT is recommended by thousands of dentists everywhere for *safe* denture-hygiene. *Safe* because it eliminates the handling required by brushing, and consequent danger of dropping. *Safe* because its *non-abrasive* action insures freedom from scratching or wear.

As an extra service to your denture patients, may we suggest that you recommend POLIDENT?

HUDSON PRODUCTS, INC., 190 BALDWIN AVE., JERSEY CITY 6, N. J.

SOAK

10 to 15 minutes in solution. (1 glass water to 1/4 tsp. POLIDENT).

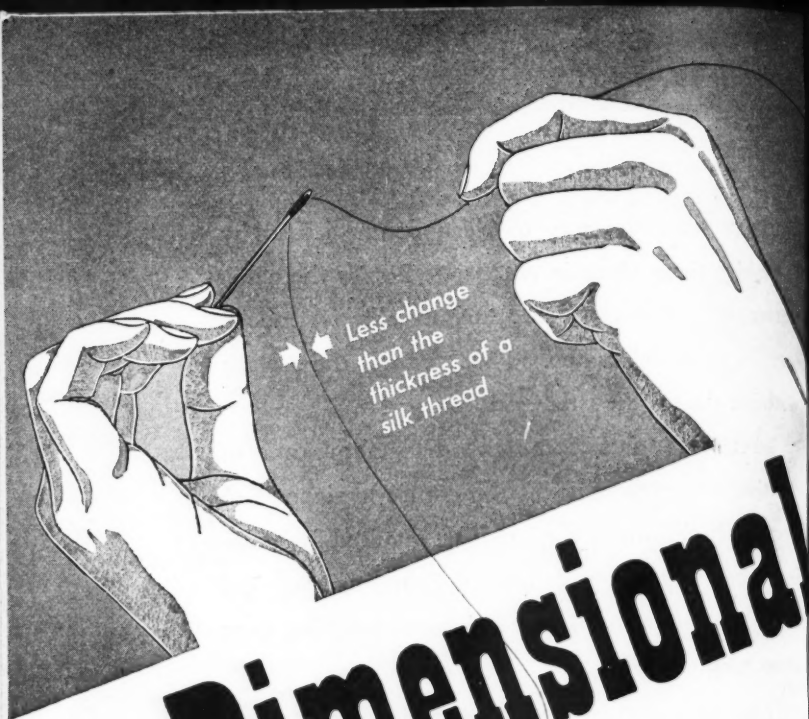


RINSE

Hold under running water to rinse. That's all!



POLIDENT
-to keep dentures fit!



Less change
than the
thickness of a
silk thread

Dimensional



VERNON-BENSHOFF CO., P. O. BOX 1587
PITTSBURGH 30 PENNSYLVANIA

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Stability

Dimensional stability is the quality that adds years of life to a denture. It keeps the denture the *same size and shape* to which it was molded. Without this vital property, no restoration can be said to fulfill all the requirements of a denture.

Vernonite has an extremely high degree of dimensional stability. This is the result of the purity of the acrylic ingredients from which it is made and the precision controls used in its manufacture. When stabilized in regard to moisture (as in the mouth) a properly constructed Vernonite denture *stays* dimensionally accurate to within about 0.1% linearly.

Since the average span of a denture is about 50 mm, this means that the actual change in Vernonite—while being worn in the mouth over a period of years—is only approximately 0.05 mm—*less than the thickness of a silk thread*. Such precision in your Vernonite dentures will continue to provide patient satisfaction and approval year after year. It is what you can expect when you insist on genuine Vernonite and accept no substitute.

Vernonite

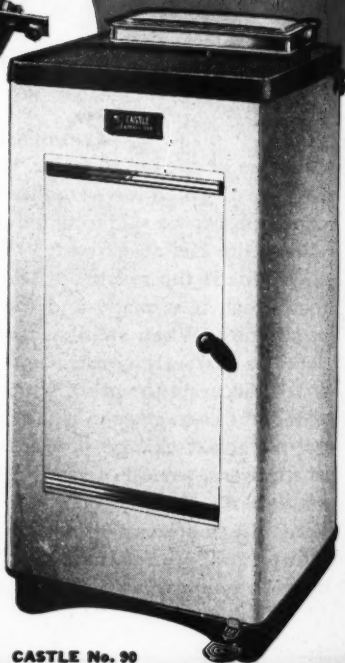
Special Heating Units

POT EXTRA VALUE IN *Castle* STERILIZERS



The real secret of Castle Sterilizers' continuous success with the dental profession lies in the heating unit which Castle has engineered exclusively for its own sterilizers. It is a one-piece, double-wound unit scientifically designed to give years of trouble-free performance . . . with little or no attention from the busy doctor or nurse.

If repairs are ever necessary, the complete heating unit is replaced in 5 minutes . . . at low cost . . . so there is never a mixture of new parts and old to cause minor breakdowns. For further details of Castle Sterilizers and their lifetime service, write: WILMOT CASTLE CO., 1101 University Ave., Rochester 7, New York.



CASTLE No. 90

Castle

LIGHTS AND STERILIZERS



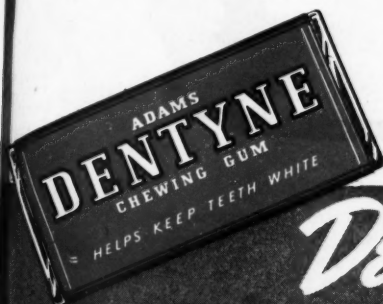
... IT'S NO CAUSE FOR GRATIFICATION

to the dental patient, to achieve a "hole in one" of his teeth. Yet, "achieve" it, he unwittingly does!

For, while the exact cause of caries is still undetermined, a contributing factor is conceded to be inadequate masticatory effort leading to undisturbed bacterial colonies on tooth surfaces.

Vigorous chewing not only disengages food debris, but also increases salivation—thus helping to flush the teeth clean, and lessen the acidity of mucinous plaques.

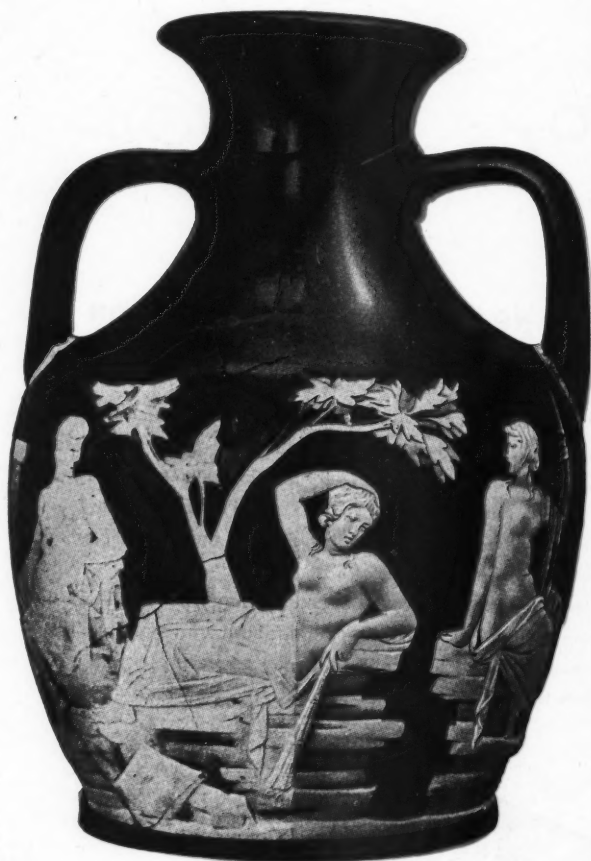
Dentyne Gum is recommended by many dentists as a desirable masticatory and sialogogue for both adults and children. Its resilience and frictional efficiency especially commend it, as well as its reduced sugar content.



Dentyne CHEWING GUM
THE IDEAL MASTICATOR



Faithful



PORTLAND VASE

The left half of the above picture portrays the original vase. The right half represents its duplication.

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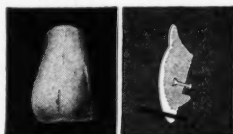
Duplications

Dr. Myerson's True-Blend Teeth bring you means of making restorations that are enduring masterpieces.

They defy detection and they are stronger, too.

Greater Naturalness

For many centuries the faithful duplication of natural teeth defied the most painstaking efforts. Dr. Myerson solved this long standing problem and produced the first artificial teeth that were indistinguishable from natural teeth. Thanks to his discovery, skilled dentists can make dentures that are enduring masterpieces of restorative art. For Dr. Myerson's True-Blend are not only more natural—they are stronger, too.



Light Transmission Does It

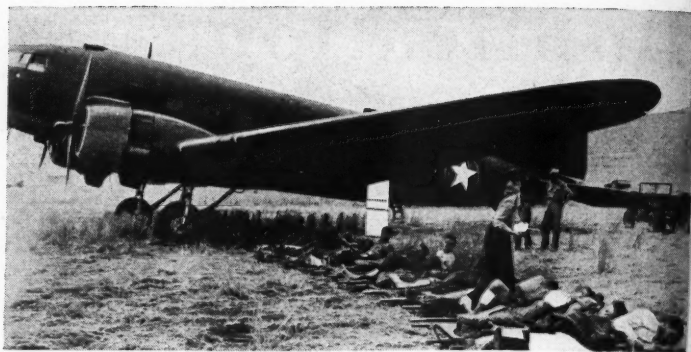
The transparent enamel of Dr. Myerson's True-Blend is the secret of their remarkable duplication of natural teeth. By reduced light reflection from the body of the tooth and by light transmission at the incisal part of the tooth, the shadowy incisal areas and life-like appearance are obtained.

Today imitation of Dr. Myerson's True-Blend is world-wide.

For best results use the original.

Dr. Myerson's

TRUE-BLEND ANTERIORS and TRUE-KUSP POSTERIORs
are an IDEAL COMBINATION



This, too, will be written in history



Among the many brilliant originations, the inspired improvisations, of the Medical Corps in World War II was the use of the "ambulance on wings."

When the photograph above was taken, the casualties lined up had *just been wounded!* Already they had been given emergency medical aid, and in a matter of *minutes* were on their way to a base hospital with complete facilities far away from the combat zone... Thanks to such immediate surgical care, quick

hospitalization, and all the companion advancements of wartime medical science, 97 out of every 100 such casualties *lived!*

Thanks should be proffered most generously to the incredible diligence of those "soldiers in white" who created and tirelessly practiced these techniques—the medical men in the service whose rest all too often was no more than a moment and a cigarette. Incidentally, that cigarette was very likely a Camel, an especial favorite of all fighting men.

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.



Camels

COSTLIER
TOBACCOS





CO-RE-GA

the perfect adhesive for dentures

Dispels the inhibitions usually attendant during the adaptation days. Your prosthetic patients will appreciate the recommendation of this older dental product.

THE DENTISTS' SAMPLES ON REQUEST — (Please use your name or professional stationery)

CO-RE-GA is not advertised to the public.

WILSON'S
CO-RE-GA

COREGA CHEMICAL COMPANY
208 St. Clair Ave., N.W. Cleveland 13, Ohio

Casting



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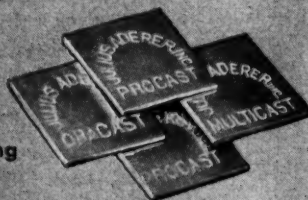
● "Horse shoe" luck is purely fable . . .

and it is emphatically so, in the production of Gold castings.

Here, good fortune is to discover early

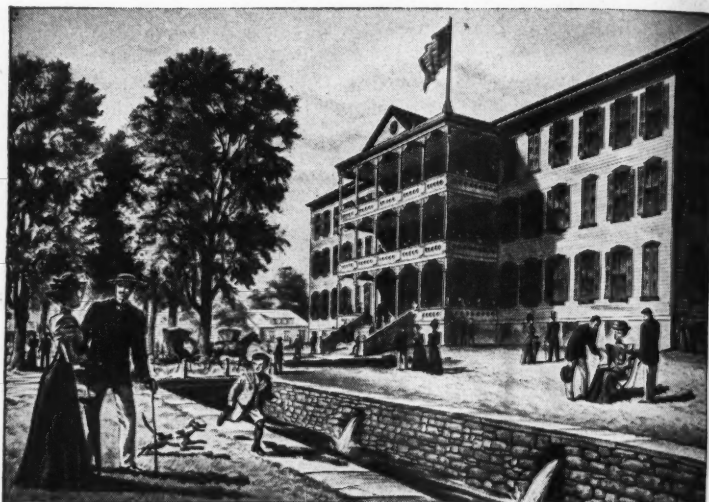
the precious metal alloys of finest casting quality. ADERER GOLDS are such products—scientifically so! You can depend upon them to cast smoothly, accurately and easily.

You can be certain of consistent ideal behaviour of Aderer alloys in casting procedures; in results and in their enduring performance . . . in mouth service.



ADERER GOLDS

Julius Aderer, Inc., New York • Chicago



Hot Springs, Arkansas, in the Nineties

TODAY A SPARKLING SALINE LAXATIVE WHEREVER NEEDED

A stay of several weeks in a Spa is beyond the reach of many patients. Yet one important feature of most Spas is available to everybody wherever and whenever needed—a sparkling saline laxative.

Analyses of famous mineral waters have indicated that sodium sulfate, sodium chloride and sodium bicarbonate are often the most important ingredients. These same salts are skillfully combined with sodium phosphate,

lithium carbonate and tartaric acid in pleasant-tasting SAL HEPATICA to create gentle "Liquid Bulk" for effective cleansing of the intestinal tract.

For a gentle, more efficient laxative or thorough cathartic—direct your patients to dissolve SAL HEPATICA in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tsps. Cathartic Dose: 4 level tsps.

A Product of Bristol-Myers Company, 19 L W. 50th St., New York 20, N. Y.

TO HELP FLUSH THE **Sal Hepatica** **Liquid Bulk!** **INTESTINAL TRACT**



NO GUESSWORK WHEN REPROCESSING ILL-FITTING DENTURES!

For years many dentists have made unsuccessful attempts to reprocess ill-fitting dentures. Their failures were due to the use of quick setting materials that did not possess the proper qualities.

Konformax Rebase is perfect for reprocessing. It is easy flowing, sets slowly and does not displace tissue.

Comfort, occlusion and retention are determined with denture in function for 24 hours (at least) or a much longer period. High spots and over-extended areas are easily discernible and can be relieved. If necessary, more Konformax Rebase may be added where indicated.

Most important, you continue the test until you have the patient's assurance that the denture is satisfactory in every way. Then you need not be apprehensive about the fit of the denture when you send it to your technician.

KONFORMAX DIVISION,
PERMATHEX COMPANY, INC.
Brooklyn 29, N. Y., U. S. A.



REBASE

MADE BY KONFORMAX

STERN 3 FOR ONE



The Stern "GOLD SELECTOR" completely simplifies your task of selecting the exact gold most suitable for any operative or prosthetic procedure. Included are two series—STANDARD and SPECIAL—comprising eight golds, which, in physical properties and precious metal content, meet the demands of both function and cost for every restorative problem

GOLD SELECTOR

STERN STANDARD SERIES

STERN	STERN	STERN	STERN
S	1	2	3
SOFT INLAY CASTING GOLD	MEDIUM INLAY CASTING GOLD	HARD INLAY CASTING GOLD	PARTIAL DENTURE CASTING GOLD

STERN	STERN	STERN	STERN
10	20	30	SPECIAL WHITE
MEDIUM INLAY CASTING GOLD	HARD INLAY CASTING GOLD	PARTIAL DENTURE CASTING GOLD	PARTIAL DENTURE CASTING GOLD

STERN SPECIAL SERIES

3 One-Piece CASTINGS

Excellent castability — flows freely in the molten state to every minute detail of the mold. Superb physical properties in the finished casting. Tough, dense castings, free from pits and porosity. Pleasing gold color. \$2.00 per dwt.



For all one-piece and sectional castings; lingual and palatal bars; also inlays subject to heavy stress. \$2.00 per dwt.

PHYSICAL PROPERTIES

ELONGATION: Soft 20%, Hard 4%

FUSING RANGE: 1610° F to 1720° F

PROPORTIONAL LIMIT:

Soft 39,500, Hard 72,000

BRINELL HARDNESS:

Soft 150, Hard 225

ULTIMATE TENSILE STRENGTH:

Soft 65,000, Hard 103,000

**STERN
GOLDS**

ESTABLISHED 1897



L. STERN & CO., INC.
233 Spring Street
New York 13, N. Y.

When patients ask...

**"WHAT ADHESIVE SHALL
I USE, DOCTOR?"**

...you can reply with confidence:

**"I SUGGEST USING
DENTLOCK"**

Here are **5** reasons why

... and when they
ask about keeping
dentures **CLEAN**, you
can safely reply:

"DENTGLO"

This well known **BRUSHLESS** cleans-
er cleans by immersion, helps
protect denture seal, eliminates
the dangers of abrasive brushing.
Helps keep dentures clean, sanitary.

1. Dentlock holds plates firmly, yet gently.
2. Dentlock cushions sensitive gum ridges.
3. Dentlock lessens irritation; helps soothe inflamed tissues.
4. Dentlock is economical, long-lasting.
5. Dentlock is pleasant to use; odor-free.

**Fort Orange Chemical Co.
Albany 5, N. Y.**

**HELPING YOU TO
INSURE GREATER
PATIENT SATISFACTION**

Yes,
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plete bu
Daily L
ping of
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The L
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More than
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year.

EXPENSE S
CM
INCOME
Now AN

"I Cut My Bookkeeping work in HALF

with the

DAILY LOG

**Increases My Income
too . . . Catches All
Charges Due"**

Yes, Doctor, just a few minutes each day and you have complete business records with the Daily Log. There's no overlapping of entries . . . no lost motion!

The Daily Log covers ALL the business aspects of your practice. You'll know how collections

are coming in . . . the amount of your net profit each month . . . complete account of your expenses . . . valuable income tax and other special record forms . . . a real traffic manager for your office affairs! Prepared especially for dentists. Costs less than two pennies per day.

Daily recommended. Used by thousands of leading dentists. More than 90% who try the Daily Log reorder the next year.



Send for Your Copy Today!

for DENTISTS

COLWELL PUBLISHING CO.
260 University Ave., Champaign, Ill.

☐ Please send me the '46 DAILY LOG. ☐ Send C.O.D. ☐ Check for \$6.00 enclosed.

☐ I would like more information about the DAILY LOG.

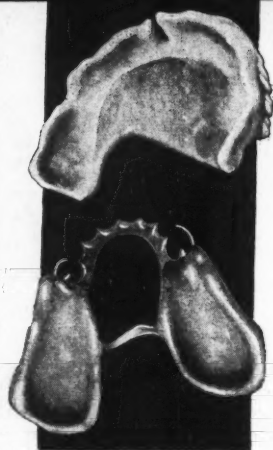
Dr. _____

Address _____

City _____ State _____

Complete satisfaction guaranteed or your money refunded in full.

COLWELL PUBLISHING CO., 260 University Ave., Champaign, Ill.



FUNCTIONAL
SELF-MOULDED
REBASE IMPRESSIONS

Without changing the
bite or occlusion



JELENKO
Adaptol
REG. U.S. PAT. OFF.

*For Physiologic Full Denture
and Rebase Impressions*

DENTURES, corrected from an "Adaptol" Rebase Impression, possess the same positive stability which characterizes dentures originally made from an "Adaptol" Impression. Technique:

- 1—Test and adjust denture borders for over- and under-extension, using "Denturtest."
- 2—Relieve for hard and soft areas and severe undercuts.
- 3—Where the denture is too short, extend with high fusing compound. Correct occlusal interferences.
- 4—Dry denture and coat the tissue surfaces and borders with softened "Adaptol."
- 5—Insert denture, have patient occlude and perform muscle-moulding movements.
- 6—Chill the impression by holding cold water in mouth until the gums feel cold.

"Adaptol" will not set
in the mouth until
chilled with cold water.
So take your time.

Send for Kaye Prosthetic Charts Illustrating Muscle-Moulding Movements, etc.



J.F. Jelenko & Co. Inc.

Manufacturers of Dental Golds & Specialties

136 West 52nd Street New York 19, U.S.A.